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"SALUS POPULI SUPREMA LEX"



CITY OF PORTSMOUTH

ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
for the Year 1948

including

THE REPORT OF THE PUBLIC ANALYST

GROSVENOR PRESS
PORTSMOUTH

66168



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**HEALTH SERVICES COMMITTEE,
1947-48**

The Right Worshipful the Lord Mayor :
COUNCILLOR FRANK MILES, J.P.

Chairman :

ALDERMAN A. E. ALLAWAY, J.P.

Vice-Chairman :

COUNCILLOR H. G. COOK.

Aldermen :

J. P. D. LACEY, O.B.E., J.P. J. W. EVANS. A. JOHNSON

Councillors :

R. C. PALMER	MRS. L. E. E. HIGMAN	R. MACK
F. W. PARKER	MRS. S. A. C. SHARPE	W. CLEMENTS
J. G. PALMER	N. HARRISON	J. J. MAHONEY
H. W. FORD	MRS. M. H. CHILDS	W. STUDD
G. S. FURNEAUX	J. T. TRIGGS	H. M. SCHOFIELD

Co-opted Members :

MRS. L. L. ALLAWAY	MRS. C. DYE
MRS. R. PARKER, J.P.	MISS E. H. KELLY, C.B.E., J.P.
MRS. M. MALCOLM, J.P.	MR. R. E. MORGAN
DR. K. CHILDS	MRS. E. G. LACEY
DR. G. H. DUTHIE	

**HEALTH AND HOUSING COMMITTEE,
1947-48**

Chairman :

COUNCILLOR FRANK MILES, J.P., (Lord Mayor)

Vice-Chairman :

COUNCILLOR A. W. WEST

Aldermen :

A. E. ALLAWAY, J.P. A. JOHNSON
J. W. EVANS J. P. D. LACEY, O.B.E., J.P.

Councillors :

R. C. PALMER	F. G. H. STOREY	W. CLEMENTS
J. G. PALMER	W. H. POWELL, D.S.O., J.P.	MRS. A. E. M. OLIVER,
G. A. DAY	A. G. ASQUITH-LEESON	M.B.E.
J. G. BUCKLEY	J. T. TRIGGS	W. STUDD
MRS. L. E. E. HIGMAN	J. B. N. SMITH, J.P.	H. M. SCHOFIELD

The following ladies were co-opted to serve on the Committee for housing purposes :

MRS. E. M. BERRYMAN, J.P. MRS. E. E. PITCHERS MRS. E. CROCKER

SENIOR MEMBERS OF HEALTH DEPARTMENT STAFF

(A)

Medical Officer of Health,
School Medical Officer,

Chief Administrative Medical Officer to the City Council and
Medical Officer of Health to the Port of Portsmouth

T. E. ROBERTS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health and Deputy School Medical Officer

R. WOODROW, M.B., CH.B., D.P.H.

Senior Assistant Medical Officer of Health for Maternity and
Child Welfare

RUBY N. E. PIKE, M.B., CH.B.

Vaccination and Immunisation Medical Officer

G. E. SHAND, M.D., CH.B., D.P.H.

Assistant Medical Officer of Health and Assistant Maternity and
Child Welfare Officer

MARGARET N. LEA, M.B., CH.B., D.P.H.

(B)

Joint Appointments with Regional Hospital Board from 5th July

Senior Chest Physician and Medical Director of Mass Radiography Unit

J. D. LENDRUM, V.D., M.B., CH.B., D.P.H.

Chest Physician and Deputy Director of Mass Radiography Unit

A. B. WHITE, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.

(C)

Officers transferred to Regional Hospital Board on 5th July

Medical Superintendent, Saint Mary's Hospital,
Medical Referee to the Council,
Medical Officer of the Blood Transfusion Service

R. A. ZEITLIN, M.R.C.S., L.R.C.P.

Medical Superintendent, Infectious Diseases Hospital
and Senior Assistant Medical Officer of Health

I. M. MCLACHLAN, M.D., B.S., B.HY., D.P.H.

Deputy Medical Superintendent, Saint Mary's Hospital

W. S. WOOLNER, M.D., C.M., L.M.S.

Visiting Consultants to the Corporation Hospitals

Consultant Physicians

J. R. B. HERN, B.M., B.CH., M.R.C.P., D.M.
J. C. PRESTWICH, B.M., B.CH., M.R.C.P., M.R.C.S.

Consultant Surgeons

N. P. C. LUMB, O.B.E., M.S., M.B., F.R.C.S., L.R.C.P.
P. D. MOLONEY, L.R.C.P. & S.I., L.M., F.R.C.S.

Consultant Ear, Nose and Throat Surgeon

E. COWPER TAMPLIN, M.C., L.R.C.P., F.R.C.S., D.L.O.

Consultant Obstetrician

T. BARNETT, M.D., F.R.C.S., M.R.C.O.G., M.M.S.A.

Consultant Ophthalmologist

W. H. SUMMERSKILL, M.B., B.S., D.O., L.M.S.S.A.

Consultant Orthopaedic Surgeon

C. M. MURRAY, F.R.C.S., M.B., CH.B.

Consultant Dermatologist and Medical Officer of Venereal Diseases Clinic

A. MURRAY STUART, L.R.C.P., F.R.C.S.

Consultant Radiologist

R. C. STALEY, M.R.C.S., L.R.C.P., D.M.R., L.D.S.

Consultant Anaesthetist

H. B. C. SANDIFORD, M.R.C.S., L.R.C.P., D.A.

Public Vaccinators

P. HAYES, L.R.C.S., L.R.C.P., L.R.F.P. & S.
A. B. DOYLE, L.R.C.P.I., L.R.C.S.I., L.M.

Dental Surgeon to Saint Mary's Hospital

H. LAWRENCE, L.D.S., R.C.S.

(D)

Veterinary Officer

R. SCOULAR, M.R.C.V.S.

Administrative Assistant

L. C. ROGERS, Cert.S.I.B., M.R.San.I.

Chief Sanitary Inspector

W. F. APPLETON, M.R.San.I., M.S.I.A.

Superintendent Health Visitor

MISS D. M. POULSON, S.R.N., S.C.M.

Supervisor of Midwives

MISS D. J. KINSEY, S.R.N., S.C.M., M.T.D.

Supervisory Matron of Day Nurseries

MISS M. MURDEN, S.R.N., S.R.F.N.

Home Help Organiser

MISS M. M. MORTIMER, M.B.E., (from October)

Health Department Almoners

Tuberculosis	.. ..	MRS. C. F. JERAM, A.I.A. (from November)
Illegitimate Children	}	MISS M. M. FOWLER, S.R.N., A.I.A.
Venereal Diseases Clinic			(from February)

Public Health Department,
Municipal Offices,
1 Western Parade,
Southsea.

To the Chairman and Members of the Health Services Committee, and to the Chairman and Members of the Health and Housing Committee.

My Lord Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the City for 1948, which at the request of the Ministry of Health is similar in form to those of recent years.

HEALTH STATISTICS

(Pages 27—28)

The Registrar-General's Return for the year 1948 reveals a further increase in the estimated population to 216,200 as compared with 212,020 in the previous year. This is, no doubt, mainly due to the continued return to the City of persons evacuated during war years as housing becomes available, or moving here to live with relatives, etc. in the hope that eventually a house may be obtained. Although some 3,600 houses have now been completed under the Corporation's Housing Programme, an alarming amount of overcrowding still exists; indeed, there are over 9,000 applicants on the list for re-housing, the majority of whom live in overcrowded conditions. This overcrowding is an important factor in the continued high incidence of such diseases as tuberculosis.

The following main features of interest present themselves for the year under review :—

1. A decrease in the birth rate from 24.29 in 1947 to 21.06 per thousand population, as compared with an average birth rate of 16.05 for the 10 years 1928 - 1937 and 17.9 for England and Wales in 1948.

2. A further decrease in the illegitimacy rate per thousand total births from 64.9 in 1947 to 64.7, as compared with an average rate of 63 for the 10 years 1934—1943 and with 53 (provisional) per 1,000 live births for England and Wales in 1948.

3. An increase in the maternal mortality rate from 0.76 per thousand total births in 1947 (almost the lowest rate recorded) to 1.50, as compared with an average maternal mortality rate of 3.00 for the 10 years 1928—1937 and with 1.02 for England and Wales in 1948.

4. A further decrease in the neo-natal mortality rate from 16.70 per thousand live births in 1947 to 14.06, as compared with 19.8 (crude) for England and Wales in 1948.

5. A further decrease in the infant mortality rate from 33.40 per thousand live births in 1947 to 23.28 (each the lowest on record), as compared with an average infant mortality rate of 53 for the 10 years 1928—37 and with 34 for England and Wales in 1948.

6. A decrease in the general death rate from 12.98 per thousand population in 1947 to 11.01, as compared with an average death rate of 12.21 for the 10 years 1928—1937 and with 10.8 for England and Wales in 1948.

7. A decrease in the death rate from the principal infectious diseases from 0.12 per thousand population in 1947 to 0.06, as compared with an average death rate of 0.35 for the 10 years 1928—1937 and with 0.185 for England and Wales in 1947.

8. A decrease in the death rate from all forms of tuberculosis from 0.73 per thousand population in 1947 to 0.60, as compared with an average of 0.89 for the 10 years 1928—1937 and with 0.51 (crude) for England and Wales in 1948.

9. A decrease in the death rate from cancer from 2.01 per thousand population in 1947 to 1.82, as compared with an average death rate of 1.54 for the 10 years 1928—1937.

In brief, the birth rate, although decreased slightly from last year, is still well above the average for the country, while the death rates from all causes, with the exception of maternal mortality, have decreased from last year. This increase in maternal mortality, while disquieting, is no reflection on the high standard of maternity services provided in the City, and is commented on later in the Report. The infant mortality rate of 23.3 per thousand live births is the most favourable yet recorded ; it is undoubtedly one of the lowest—if not the lowest—in the whole country, and those responsible for child welfare in its various aspects deserve credit. The number of deaths decreased by a total of 318, mainly in the first quarter of the year. This was no doubt due to the very mild weather experienced during that time, in contrast to the high death rate recorded during the similar period of 1947, when the weather was exceptionally severe. It is also gratifying to report that the death rates from tuberculosis and cancer have both decreased—that for the former disease being the lowest recorded in Portsmouth. The proportion of elderly people in the population is still increasing and will continue to do so for some years yet ; this has an adverse effect on the death rate for cancer, etc. which, although decreased from last year, is still above the average.

The vital statistics of Portsmouth for 1948, three years after the end of the war, are still, on the whole, encouraging. As mentioned in last year's report, the continued food controls, rationing, a better understanding of food values, the issue of protective foods and special allowances of milk to mothers and young children are still important factors in the promotion of health.

These statistics are records mainly of deaths or of the occurrence of the notifiable infectious and other more serious diseases ; they do not include the vast amount of ill-health caused by minor disease which is not notifiable but which causes much suffering and unhappiness and much absence from work. Medical research is being carried out at the moment on such conditions. The Unit established at Salisbury for research into the common cold is a typical example ; and it is hoped in time that these investigations will bear fruit and so promote the positive health of the population generally. Much is being done in the way of Health Education, but much more could be done in this field ; this contributes to the national output drive by trying to make the general public realise how infection is spread, how to avoid it, and of the necessity for seeking early advice in illness.

NUTRITION

The standard of nutrition amongst school children, which as stated in the Report for 1947, was considered better than in pre-war years, has been fully maintained. There has been no particular extension of the school milk and meals service during the year; a slightly higher number of children now avail themselves of the the excellent mid-day meal supplied by the Education Committee, but Portsmouth still lags behind the average for the country as a whole. This Service, and the priority supplies of milk, etc. to mothers and young children undoubtedly plays an important part in their continued high standard of nutrition. There are no statistics available on this subject except for the school child, but by personal observation, and from the comments of Medical Officers attending Child Welfare Clinics, the standard of nutrition of the general population remains satisfactory, except, possibly, amongst the more elderly—especially those who live alone, as it is difficult then to make the rations eke out, and other foods which elderly people favour are expensive.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

(Pages 30—68)

During the year under review, the usual periodical fluctuations occurred in the incidence of certain infectious diseases; thus there was a considerable decrease in the number of cases of measles notified, 1,009 compared with 2,031 in 1947, with only one death. Whooping cough and scarlet fever, however, were both more prevalent, notifications numbering 336 and 363 respectively compared with 241 and 282 in the previous year. Only two confirmed cases of cerebro-spinal meningitis occurred amongst Portsmouth residents, compared with 12 in 1947. There were 5 confirmed cases of typhoid, 5 of dysentery and 1 of malaria, whereas no case of these diseases was notified in the previous year. Bacteriological examination of contacts of one case of typhoid showed the infection to be due to a healthy "carrier" in the patient's family. Three other cases of this disease (one fatal) resulted from drinking water from a polluted stream outside the City boundary. The patients were all school boys from the northern part of the City, and immediately the source of infection was suspected the City schools were circularised with a warning of the danger arising from drinking water from any source other than a tap connected with a mains supply, and especially from this stream. Steps were also taken to stop this pollution which was occurring in the area of another local authority and appeared to be due to the faulty operation of a sewage disposal plant. By devious methods the actual "typhoid carrier" was traced, and the Public Health Laboratory at Winchester established an identity between the excretor's bacteria and those of the three patients.

The incidence of diphtheria continued to be low, only 6 confirmed cases occurring compared with 15 in the previous year. There were no deaths from diphtheria. The continued low incidence of this disease is undoubtedly due to the very high proportion of children who have been immunised since the inception of the immunisation scheme. There were 11 confirmed cases of acute anterior poliomyelitis compared with 20 in 1947, when the disease assumed epidemic prevalence. No case of smallpox occurred in the City, but as in previous years, all employees of the Corporation who might possibly be associated with a case were offered vaccination or re-vaccination.

The Infectious Diseases Hospital treated 1,061 cases during the year, including 141 cases from outside the City boundary and 9 Service cases; this in spite of the continued staff shortage and other difficulties.

DIPHTHERIA IMMUNISATION (Pages 36—39).

The immunisation figures for 1948 show a substantial increase over those for the previous year:—10,369, compared with 7,435 (p.38). These, together with the lowest number of cases of diphtheria hitherto recorded—six, none of which proved fatal—are a heartening reflection of the steady effort maintained in past years and an endorsement of the general policy of administration and propaganda that has been built up.

I am glad to record my appreciation of the work of all who have contributed to these results, and am especially grateful to the Chief Education Officer, Head Teachers and their staffs for their valuable co-operation.

There is good reason to hope that still further progress will be made when the full effect is felt of two features initiated in July by the National Health Service—the voluntary incorporation of private practitioners into the scheme, and the distribution at Food Offices, with babies' new ration books of pamphlets setting out details of the immunisation and vaccination facilities available.

WHOOPING COUGH IMMUNISATION (Page 39).

This has been continued to be offered, especially for babies. Whooping Cough Immunisation is, as yet, still in the experimental stage, yet I consider it a wise and valuable measure. No attempt is made to promote it on the lines of Diphtheria Immunisation, lest any failure should prejudice the public's acceptance of Diphtheria Immunisation, the efficiency of which has been proved beyond question.

The Medical Officer's remarks on the treatment of pertussis with vaccine (p. 39) are very interesting.

VACCINATION (Page 40).

The coming into operation of the National Health Service Act in July made redundant the positions of the Public Vaccinators. I take this opportunity of thanking Drs. Hayes and Doyle for their valuable services over many years past.

Vaccination is now undertaken by the Medical Officer in Charge of Immunisation at certain fixed clinics held weekly, also by most of the private practitioners in the City, who return the record cards to this Department and will be recompensed on that basis.

PARASITIC INFESTATION (Pages 41—44).

The rescinding of the Scabies Order has made the control of infestation much more difficult, for the Medical Officer of Health no longer has power to require the attendance of contacts for examination and treatment, although they remain potential sources of re-infestation. I am glad to record that the effectiveness of the work of the Infestation Clinic has not been impaired, however, thanks to the vigorous following-up of contacts

undertaken by the Medical Officer in Charge, who often achieves his end by personal persuasion in the absence of any statutory powers.

(a) SCABIES.

The marked decrease in this disease noted last year has continued. 357 actual cases were treated, compared with 656 in 1947 and 1,179 in 1946.

(b) PEDICULOSIS (LICE).

The incidence of this condition remained much the same as last year, 187 families being dealt with compared with 218 in 1947; 45 families had been treated on at least one previous occasion.

CANCER (Page 45).

The death rate from cancer decreased during 1948 to 1.82 per 1,000 population as compared with 2.01 in 1947. These figures mean that 32 fewer people died from the disease during the year. There is little change in the distribution of these deaths as regards the involvement of various organs, but it is to be noted that the death rate from this disease will continue to be high whilst the population is weighted unfavourably as regards age, *i.e.* while the proportion of elderly persons in the population continues, and will continue for some time, to remain comparatively high..

There has been nothing further to report as regards the establishment of the Radiotherapy Treatment Unit; the adaptation of the premises for this Unit is still being carried out. In the meantime, an X-ray Diagnostic Unit has been working in premises which have been adapted for this purpose in Saint Mary's Hospital.

VENEREAL DISEASE (Pages 46—48).

The number of cases attending for the first time during the year was 810 as against 971 in 1947. This is a marked reduction and indicates a return to the normal level of pre-war statistics. A large proportion of these new patients proved, on investigation, to be suffering from non-venereal conditions.

There has been a decrease in the number of cases of congenital syphilis, 13 cases as compared with 33 in 1947. The arrangement whereby routine blood tests were taken from all mothers at the ante-natal clinics was continued, and this arrangement probably has some influence on the reduction in congenital syphilis.

Close liaison exists between the Medical Officer of the Treatment Centre and the Almoner of the Public Health Department, as instanced by the fact that the defaulter rate, both male and female, has been kept at a comparatively low level.

TUBERCULOSIS (Pages 49—57).

During 1948 there was a decrease in mortality from tuberculosis, the number of deaths, as corrected by the Registrar-General, from all forms of the disease being 129 (pulmonary 116, non-pulmonary 13) as compared with 156 (pulmonary 136, non-pulmonary 20) during the previous year. The corrected death rates were as follows:—from all forms of the disease 0.60 (pulmonary 0.54, non-pulmonary 0.06) as compared with 0.73 (pulmonary 0.64, non-pulmonary 0.09) in 1947. The 1948 death rate is the lowest figure

recorded. There was a further decrease in the number of deaths of children under five. The number of new cases notified during 1948, as suffering from pulmonary tuberculosis was 433, as compared with 414 and from non-pulmonary tuberculosis 40 compared with 50.

The work of the Service, which was brought under one administration by the appointment of Dr. Lendrum as Medical Director of the Mass Radiography Unit and Senior Chest Physician in 1947, continued during the year. On the 5th July, 1948, all sections of the Service, with the exception of that pertaining to the care and after-care of domiciliary patients, was transferred to the Regional Hospital Board under the National Health Service Act. It must be stressed, however, that the appointments of medical officers in the Tuberculosis Service are joint ones between the Regional Hospital Board and the Local Health Authority, thus maintaining the close liaison which already existed between the Health Department and the Chest Clinic.

As will be seen from the Senior Chest Physician's report (pages 49—57) the volume of work at the Chest Clinic has increased rapidly, despite the fact that for four months the work was carried out by the Senior Chest Physician and the Chest Physician alone, with the help of a locum. An Assistant Chest Physician was appointed and commenced duty in September, 1948.

The total number of cases on the Register at the 31st December was 2,212, which is the highest ever recorded. It is disappointing to note that the number of contacts examined in relation to the number of new notifications has been so few. This is due to the fact that the present staff of Health Visitors have been unable to cope with the work of following-up new notifications, their time being fully occupied in visiting Maternity and Child Welfare cases and those Tuberculous cases already on the Register. It is hoped during 1949 to appoint Tuberculosis Visitors and thus keep up the most necessary work of tracing contacts, which, as has been pointed out in many previous Annual Reports, is one of the most important aspects of prevention. This unsatisfactory state of affairs is, of course, mitigated in some degree by the continued presence of the Mass Radiography Unit at Saint Mary's Hospital, where contacts can go of their own free will, and are in fact directed there by their own doctors.

Although institutional treatment of tuberculosis is no longer the responsibility of the Local Health Authority, the continued shortage of beds causes grave concern. The total number of beds available in Portsmouth is now 120, 28 new beds having been taken over for the treatment of tuberculosis at the Infectious Diseases Hospital during the year. Although these additional beds are now available, the total is still far from that of 300, which is the ideal for a city the size of Portsmouth. The Health and Housing Committee have continued their practice of allocating one in twenty-five of all new houses completed to open cases of tuberculosis, and this helps a little in keeping down the risk of infection due to bad environment.

The Voluntary Care Committee have continued to do very valuable work during the year, and the scheme for occupational therapy is working well and is of great benefit to patients who must spend long periods in bed.

The scheme of allowances brought into operation under Ministry of Health Memo 266/T in September 1943 was continued, the number of cases at the beginning of the year in receipt of allowances being 167, and on the 4th July, when the Local Health Authority responsibility ended 197. The

total payments made during this period by the Council amounted to £5,956 17s. 6d. This sum is wholly reimbursed by Government grant.

B.C.G. VACCINATION AGAINST TUBERCULOSIS.

The trial of B.C.G. Vaccine mentioned in previous reports has continued throughout the year.

MASS RADIOGRAPHY. (Pages 58—68).

In accordance with the arrangements originally made with the Ministry of Health, the Portsmouth Mass Radiography Unit is available to neighbouring authorities, and during the year under review, some five months were spent on surveys outside Portsmouth, approximately thirteen weeks at Bournemouth, six at Eastleigh, and one, during Health Week, at Havant. In common with the greater part of the Tuberculosis Service, the Mass Radiography Unit was transferred on the "appointed day" to the Regional Hospital Board under the National Health Service Act. Immediately after that date, on its return from Bournemouth, the Unit was installed in its newly-built headquarters in the grounds of Saint Mary's Hospital, and these premises were formally handed over by the Chairman of the Health Services Committee, Alderman A. E. Allaway, J.P., to Mr. F. H. Elliott, Chairman of the Regional Board, at the official opening on 20th September, 1948. This building was the first in this country to be designed and completed as headquarters for a mass radiography unit, and the City Council are to be congratulated on their foresight in providing a building so well adapted to the purpose for which it was designed.

Details of the work of the Unit during 1948 will be found in the most interesting and comprehensive report of the Medical Director on pages 58—68. In Portsmouth, 23,661 individuals were X-rayed compared with 7,874 in the previous year, of whom 1,561 (417) or 6.6% (5.3%) were recalled for a large film to be taken, and 393 (129) or 1.7% (1.6%) for a clinical examination. During the public sessions 6,893 individuals were examined—a response which might well be attributed to the publicity given in the local press. The total number of examinations undertaken by the Unit, including surveys made outside the City boundaries, reached the record figure of 43,605 compared with 40,688 in 1947. It is gratifying to observe that owing to the longer period spent in Portsmouth the practitioners of the City have made greater use of the facilities offered by the Unit, and, indeed, have been actively encouraged to do so, some 500 individuals having been so referred in the seven months spent here. As the Medical Director points out, the ready availability of an X-ray plays a most important part, by providing early diagnosis, in preventing the spread of pulmonary tuberculosis. Our ultimate objective should be to afford facilities for regular chest X-ray examination to the entire population; by this means alone can an early case be found and treated at the most hopeful stage of the disease, and the infectious case isolated so that others may not become infected.

Through the work of the Unit in Portsmouth, 122 previously unsuspected but active cases of pulmonary tuberculosis were revealed at a stage when the prospects of cure were much more favourable, and 783 inactive cases of the disease were found and placed under observation. The total combined incidence of active and inactive cases was 3.8%—for males 4.1%, females 3.6%. The incidence of active pulmonary tuberculosis, as found by the

Unit, was 5.2 per thousand individuals compared with 5.0 per thousand in 1947. The small rise in the total incidence rate is due chiefly to the higher rate in the female sex, 5.7 per thousand compared with 5.2 per thousand, and each female age group under 45, except the 17-24 group shows an increase. As will be seen from Tables 5 (a) and (b), the highest incidence of active pulmonary tuberculosis in men was found in the over 45 group, 7.0 per thousand, and in women, as in previous years, in the age group 17-24, where the incidence reached the disturbingly high rate of over 8 cases for each thousand examined. Thus in women 65% of all cases of active disease occur below the age of 25 years, whereas in men only 39% occur below that age. As the Medical Director states "the rise in the total amount of active tuberculosis is not a feature which should cause anxiety. It is possibly due in part to the fact that more use has been made of the Unit in 1948 by the practitioners of the City in referring cases already attending them; it would be natural to expect a higher proportion of disease in such cases than among the apparently fit population."

MATERNITY AND CHILD WELFARE

(Pages 69—81).

The high post-war birth rate, which reached its peak in the second quarter of 1947, when 1,504 births were notified, has subsequently declined to an average of rather more than 1,200 births in each quarter. Thus, the total births in 1948 numbered 4,924, a decrease of 595 compared with 5,519 in the previous year, when the highest birth rate since 1920 was recorded. The conditions of overcrowding in which a large section of the population is still living, coupled with the fact that in the second half of the year hospital treatment was provided free of cost to the patient, resulted in a further increase in the number of confinements in the Maternity Section of Saint Mary's Hospital, which numbered 2,071 compared with 2,041 in the previous year and 1,704 in 1946. The number of beds now available for maternity cases is 83 at Saint Mary's Hospital and 17 at the Royal Naval and Marine Maternity Home. The increasing preference of mothers for institutional accommodation for their confinement has resulted in the Maternity Section of Saint Mary's Hospital being taxed to its utmost capacity, and the discharge of maternity patients ten days after delivery, a practice at present unavoidable, is far from desirable. The remedy appears to be two-fold, firstly an increase in the number of maternity beds available in the area, and secondly improved housing conditions which would allow more normal births to take place in the home.

As a result of the lower birth rate and the increase of cases being delivered in hospital, there was a considerable decrease in the number of confinements attended by the Domiciliary Service of Midwives, 1,293 compared with 1,710 in the previous year. The former figure is equivalent to an average of 73.1 (87.4) cases delivered annually by each midwife, the total number of whom employed during the year averaged 18 compared with 20 in 1947.

MATERNAL MORTALITY

The maternal death rate during 1948 increased from 0.76 (almost the lowest rate recorded) to 1.50 per thousand births, as compared with an average maternal mortality rate of 3.0 for the 10 years 1928—1937 and with

1.02 for England and Wales in 1948. Thus in the year under review there were 7 deaths in respect of which pregnancy was considered to be the primary cause compared with 4 in 1947. In each year only one death was ascribed to sepsis, the remainder being due to other causes connected with pregnancy. An analysis of the maternal deaths occurring in 1948 shows that three out of the seven would fall within the category of "unavoidable accidents of pregnancy." Two deaths from eclampsia, in spite of all care, however, shows that there is still much to be learned, and stresses the necessity for the unceasing supervision of expectant mothers by those skilled in this branch of medicine.

As will be seen from the table on page 73, the number of patients attending the eight Ante and Post-Natal Clinics held weekly at Saint Mary's Hospital showed an increase compared with the previous year, although attendances at the former clinics decreased slightly. At the six Municipal Ante-Natal Clinics the number of patients attending decreased from 1,799 in 1947 to 1,553, and total attendances from 11,420 to 10,527 in the year under review. This decrease in attendances occurred entirely in the latter part of the year as a result of expectant mothers who had engaged the services of their own doctors under the National Health Service Act no longer attending the Municipal Ante-Natal Clinics. Thus of the 10,527 attendances made in 1948, 5,844 were before the 5th July and 4,683 after that date. A letter has since been addressed to all medical practitioners by the Local Obstetrical Committee to ensure that expectant mothers obtaining Maternity Medical Services under Part IV of the Act will still continue to attend the Municipal Ante-Natal Clinics.

INFANT MORTALITY

The downward trend during the past seven years of infant mortality, which is perhaps the most sensitive index of the health of a community, reached a further low record during the year under review, namely 23.28 per thousand live births compared with 33.40 for the previous year, and an average infant mortality rate of 53.0 for the 10 years 1928—37, and that of 34.0 for England and Wales in 1948. Amongst the 126 County Boroughs and great towns, Portsmouth has now achieved practically the lowest infant mortality rate recorded; it is, indeed, less than half that of some of the larger cities. Thus in 1948 there were only 106 deaths under the age of one year compared with 172 in the previous year. Many factors have contributed towards this highly satisfactory result, not the least of which have been the developing Maternity and Child Welfare Services which were established in Portsmouth in 1915.

An analysis of the causes of death (p. 76) shows that the decrease of infant deaths occurred principally in the three main categories, namely, prematurity 27 compared with 37, pneumonia 23 compared with 36, and gastro-enteritis 9 compared with 15. Probably the mild winter contributed in some degree to the decline in deaths from respiratory infection.

FUTURE DEVELOPMENTS

An entirely new venture was started in 1948, when the Committee agreed to assist in financing a course for Health Visitors at University College, Southampton, in co-operation with four other local authorities. Accordingly Student Health Visitors will no longer be sent to the course at Battersea Polytechnic, and from January, 1949, two pupils from Portsmouth will attend the Southampton course.

The Report of the Health Department Almoner on pages 77—79 illustrates the useful part which can be played in ameliorating the lot of the unmarried mother, or of the married woman with an illegitimate child. Unfortunately no further progress has been made with the provision of the hostel for mothers and babies on the site of "Eastlands," which was to be run in conjunction with the Portsmouth Diocesan Council for Moral Welfare; there still seems to be a real need for such accommodation to be provided.

DAY NURSERIES

An increasing number of applications for the admission of children to the local Day Nurseries was received during the past year, and out of the 753 applications dealt with 267 children were admitted. There was a noticeable rise in applications from mothers whose husbands became unemployed, and the percentage of young married couples requesting admission, so that the mother might work to supplement the family income and thereby get a home together, was high. However, the main concern was with the mother who must work to support herself and child, the children of widows, separated, divorced and deserted mothers and those whose mothers were dead. In cases where the child presented behaviour, feeding and psychological difficulties, admissions for observation for temporary periods were made.

As plans for the opening of a short-stay residential nursery were still under way it also became necessary to deal with applications for the care of children during a mother's confinement or entrance into hospital for treatment.

Throughout the year every endeavour was made to increase and, in the case of Garfield Road, to provide alternative day nursery accommodation. In connection with the latter a proposal to acquire and adapt the premises known as "Holmbush," 33 Grove Road South, was approved in principle by the Committee towards the end of the year. An application for the extension to Cliffdale Day Nursery, Cosham, to provide additional accommodation for 30 toddlers was being considered by the Ministry of Health at the end of the year.

Children attending the Day Nurseries continued to derive great benefit from the system of routine medical inspection (carried out by the Maternity and Child Welfare Officer) and immunisation against diphtheria and whooping cough.

The training scheme for nursery nurses has had particularly good results. Ten student nurses qualified for the Certificate of the National Nursery Nurses Examination Board during 1948.

HOSPITAL SERVICES

(Pages 31—35; 54—55 and 82)

The Report of the Acting Medical Superintendent of Saint Mary's Hospital records a steady increase in the total number of admissions to the various departments, including maternity cases confined in Hospital, which increased from 2,041 to 2,071 during the year under review. As more acute cases were admitted than formerly the average length of stay decreased, but the problem of finding accommodation for the chronic sick is still a very serious one. The new out-patient and casualty department in Milton Road, officially opened in September, 1947, has continued to do valuable work as is evident from the further increase in the total number of attendances, which numbered 40,058.

At the end of 1947 efforts were again directed to finding alternative accommodation for the patients in Nazareth House, Southsea, which was taken over temporarily in 1941 following the destruction of the Nurses' Home at Saint Mary's Hospital and the transfer to B.10 Ward of the nurses accommodated therein. After a special deputation to the Ministry of Health accommodation was offered at the Queen Alexandra Hospital, Cosham, to which, with the helpful co-operation of the Medical Superintendent, some 120 patients were transferred in May of the year under review, 50 of the remainder being moved temporarily to the Infectious Diseases Hospital and a further smaller number to Saint Mary's Hospital. Thus, these premises were finally vacated at the end of that month.

Saint Mary's Municipal Hospital, built originally by the enterprise and foresight of the old Board of Guardians and transferred on the 1st April, 1933 under the provisions of the Local Government Act, 1929 to the Health Committee, by whom it was developed to the standards of a modern hospital, was appropriated by the Minister of Health, on the "appointed day" under the National Health Service Act, 1946. This Hospital is now administered by the Portsmouth Group Hospital Management Committee through its own House Sub-Committee, on both of which many local persons previously interested in the Hospital serve as members. There is still great need for a new Nurses' Home to replace that destroyed by enemy action, and also for better alternative accommodation for mental defectives.

BLOOD TRANSFUSION

Under Part II of the National Health Service Act the Portsmouth Blood Transfusion Service on the "appointed day" became part of the new National Blood Transfusion Service responsible to the Ministry of Health. The Committee originally formed to administer the service with the Medical Officer of Health as Honorary Secretary and Dr. Zeitlin as Honorary Blood Transfusion Officer has been continued as the Portsmouth Blood Transfusion Service Advisory Committee, and in June, 1949, Mr. L. C. Rogers, Deputy Secretary of the Hospital Management Committee, was appointed Honorary Secretary. Dr. R. A. Zeitlin was, in March, 1949, appointed Regional Blood Transfusion Officer, and he now administers the service from the South London Blood Supply Depot at Sutton, Surrey. There is still a central depot at Saint Mary's Hospital from which supplies are distributed locally.

LABORATORY SERVICES

In October, 1947, at a conference attended by representatives of the Ministry of Health and of all the interested Authorities, it was agreed that a Central Laboratory to serve the needs of Portsmouth and the Isle of Wight could best be established in G. Block at the Infectious Diseases Hospital, together with a Public Health Laboratory covering a similar area. Local branch laboratories would also be provided at the Royal Portsmouth Hospital and at the Isle of Wight County Hospital. A Board was subsequently appointed of representatives of the various Authorities concerned, and at the beginning of 1948 appointments were made of a whole-time Director of the Pathological Service and of a Pathologist, while it was agreed the future designation should be the 'Portsmouth and Isle of Wight Area Pathological Service.' Further staff appointments have since been made, and some preliminary work of adaptation at the Infectious Diseases Hospital was carried out in August, 1948. At the time of writing (August, 1949), work is about to commence on the Central Laboratory. Restoration of the war-damaged laboratory at the Royal Portsmouth Hospital was completed in April, 1949, when the new laboratory was opened by Lord

Horder. The inauguration of a comprehensive pathological service in this area, of which Portsmouth is the centre, with a modern central laboratory, is undoubtedly an outstanding achievement which will prove of permanent benefit to the Hospital and Specialist Services under the National Health Service Act and to the community generally.

CARE OF THE AGED

Although there is still a great demand locally for hostel accommodation for lonely old people, chiefly Old Age Pensioners who do not wish to leave Portsmouth and for whom housing difficulties have increased as a result of the war, there is unfortunately little progress to report during 1948. The Old People's Welfare Committee acquired a large property, Sunbury Court, Festing Road, about eighteen months ago, which is to be converted for use as an Old People's Hostel for 25—30 persons, and it is hoped that the work of adaptation will be commenced towards the end of 1949. Their other activities have included a number of Christmas parties, distribution of food parcels, the 'Good Companions' Club, and similar efforts in connection with the welfare of the aged.

In accordance with their responsibilities under Section 21 of the National Assistance Act, 1948, to provide 'residential accommodation for persons who, by reason of age, infirmity or any other circumstances, are in need of care and attention which is not otherwise available to them,' the Welfare Services Committee have acquired the property, St. Vincent Lodge, Kent Road, which is to be adapted as a hostel for the aged.

SECTION 47, NATIONAL ASSISTANCE ACT, 1948

Under the above Section of the new Act, persons in need of care and attention may be removed to suitable premises such as hospital or institution, on an Order made by a Court of Summary Jurisdiction, if the Medical Officer of Health certifies that he is satisfied, after thorough enquiry and consideration, such action is necessary in the interests of the person concerned.

In response to a certificate received from the doctor in attendance stating that an elderly lady aged 72, who was living alone and suffering from chronic alcoholism, was totally unfit to look after herself and recommending that she be taken to hospital for observation, the Medical Officer of Health visited personally and an investigation was made by a Duly Authorised Officer. She was found to be rational, but plausible and facile. She was dirty, unkempt, suffering from the effects of alcohol, and in the habit of asking passers-by to procure liquor for her. The basement room in which she lived was dirty and malodorous. She had on occasion fallen and injured herself and when seen her person and garments were blood stained from a recent fall. The case was duly reported to a Justice of the Peace, who visited the premises, interviewed the woman, and decided that no action could be taken under the provisions of the Lunacy Act, 1890. Action was accordingly taken under Section 47 of the National Assistance Act, and an Order was made by the Court for her removal to Saint Mary's Hospital for a period of three months for observation and treatment. On the expiry of this a Retention Order was made for a similar period, and at the end of this time the patient gave an undertaking to remain voluntarily in Hospital. In two other cases of elderly men living alone investigations were made, but it was not considered that any action could be taken so long as they remained in a reasonable state of health. They are being kept under observation by regular visits of the Welfare Officer.

AMBULANCE SERVICE

(Page 83)

Throughout the year, the Municipal Ambulance and Medical Car Service had to meet continually increasing demands. In comparison with the previous year, the increase has been a general one in all classes of ambulance work, the most pronounced comparative increase being in the conveyance of out-patients to hospitals and clinics for treatment, with an appreciable increase in admissions to and discharges from hospitals, whilst transfers from one hospital to another were at a slightly higher level than in 1947. In comparison with the previous year, the overall increase in calls was 32% and the increase in mileage was 40%.

The National Health Service Act, which became operative on the 5th July, 1948, caused a sharp increase in the patient-carrying demands on the Service. Out-patient calls during the last six months of the year increased by 1,467 calls compared with the first six months, and mileage in this category increased by 10,254 miles. Calls for admissions and discharges increased by 392 and by 9,171 miles, whilst transfers decreased by 749 calls but the mileage increased by 5,673; this increase of mileage was mainly due to the transfer of patients to hospitals outside the City. In comparison with the first half of the year, the second half shows an increase in calls of 16% and a mileage increase of 53%.

The Accident Service continued to work smoothly; there were 1,050 calls on this service throughout the year and this remains at approximately the same level as in the previous year.

THE NATIONAL HEALTH SERVICE

A new era of Public Health Administration was reached when the National Health Service came into operation on 5th July 1948. In its scope and in the far-reaching beneficent influence which it will have on the health and welfare of the nation, the Act is the most important since the beginnings of Public Health one hundred years ago. So far as the Public Health Department is concerned, the principal changes involve the transfer of hospital administration and part of the Tuberculosis Service, including the City's Mass Radiography Unit and Langstone Sanatorium, to the Regional Hospital Board. Saint Mary's Hospital has developed rapidly under the control of the Health Committee and has been handed over along with the Infectious Diseases Hospital, equipped with all the facilities required for modern diagnosis and treatment including the new Out-patient and Casualty Department in Milton Road which was opened in September 1947. Liaison with the hospitals has been maintained by the appointment of the Chairman and other members of the Health Services Committee to the Portsmouth Hospital Management Committee and the House Committees of the individual hospitals.

Duties under Part III of the National Health Service Act which are the responsibility of the Local Health Authority and thus devolve upon the Public Health Department include :—

(1) UNDER SECTION 21 (HEALTH CENTRES)

The provision of "Health Centres" for any or all of the following purposes :—

- (i) General Medical Services.
- (ii) General Dental Services.

- (iii) Pharmaceutical Services.
- (iv) The Local Authority's own Health Services.
- (v) Specialist Services or Out-patient Services provided under Part II of the Act. (This would, for instance, allow Tuberculosis Services to be established in a Health Centre) and
- (vi) Health Education Services.

Staff, with the exception of medical and dental practitioners providing general medical or dental services, will be provided by the Local Health Authority.

Although the curtailment of capital expenditure has postponed indefinitely the comprehensive scheme for the establishment of post-war health centres set out in the Report for 1945, proposals were approved by the Health Services Committee in November, 1948, for a Health Centre to be provided on the new Corporation Housing Estate at Paulsgrove, where there is a population of between 8,000 and 8,500 within a radius of one mile of the site of two-thirds of an acre allocated for this purpose by the Planning Committee. It was felt that the need for a Subsidiary Health Centre on this Estate was particularly urgent owing to the complete lack, at that time, of any facilities for Local Health Authority Services, and the absence of any doctors' surgeries. The Local Executive Council had been consulted with regard to the Part IV Services to be provided and favoured the Proposals which were ready for submission to the Ministry of Health. Unfortunately, the Finance and General Purposes Committee at their meeting in January last resolved that these Proposals stand over, in view of the need to maintain the local Rate at its present level.

Subsequent to this decision, the following interim arrangements have been made to provide medical services for the residents of this Estate, as far as this is possible in the absence of a complete Health Centre.

1. CHILD WELFARE SERVICES.

Arrangements have been made for a Child Welfare session to be held on Tuesday afternoons at the St. Michael and All Angels Church Hall, which is situated in a central position on the Paulsgrove Estate. The first session was held on the 31st May, 1949.

2. IMMUNISATION SERVICE.

Arrangements have been made for the Medical Officer in Charge of Immunisation to attend the above-mentioned Child Welfare Clinic once a month. All Schools in the neighbourhood are also visited monthly to provide immunisation facilities for children of all ages.

3. SCHOOL HEALTH SERVICE

It is proposed to use the Medical Inspection Rooms provided in the new Hillside School as a branch clinic for the treatment of minor ailments, and it is anticipated this part of the School will be ready for use early in the autumn of the present year. It will not, however, be possible to provide any facilities for dental treatment at this clinic, but such will be available when a Dental Surgeon can be appointed at the recently opened Branch School Clinic, Northern Road, Cosham, approximately $1\frac{1}{2}$ miles distant.

4. GENERAL MEDICAL PRACTITIONER SERVICES.

The Health and Housing Committee have recently agreed to a Council House on this Estate being let at an economic rental to a medical practitioner nominated by the Local Executive Council, so that he may reside upon the Estate and thus provide General Medical Practitioners Services, conveniently accessible, to those residing in the vicinity. A doctor has accordingly occupied a Council House at 40 Elkstone Road as from the 11th July, 1949.

Approval in principle was given by the Ministry of Health in October, 1946 for the adaptation of the former Civil Defence Ambulance Depot at Cosham as a Local Authority Health Centre, thus providing Maternity and Child Welfare and School Health, including Dental, Services for this area until such time as the Main Health Centre can be provided. Building operations could not be commenced until August, 1948, the contract price for the work of adaptation being £3,789, and for this relatively insignificant sum a most pleasant and useful Local Authority Health Centre has been provided in a district where better facilities were greatly needed. The first session was held on the 3rd June, 1949. The Ministry of Health have now approved the adaptation of the former Civil Defence First Aid Post at Portsea as a temporary Local Authority Health Centre, providing similar services for that area, and it is hoped that work may be commenced in 1950.

(2) UNDER SECTION 22 (CARE OF MOTHERS & YOUNG CHILDREN)

The Care, including Dental Care, of Expectant and Nursing Mothers and of Children under five not attending maintained Primary Schools.

The proposals submitted to and approved by the Ministry of Health provided for the appointment of a Senior Assistant Medical Officer, for Maternity and Child Welfare, the provision of additional ante-natal, post-natal and child welfare clinics as premises become available—reference has been made to these in the preceding Section—extension and development of the arrangements for the dental care of expectant and nursing mothers and young children, particular attention being given to conservation treatment, and the extension as may be practicable of day nursery accommodation. Work was already in progress for the conversion of two private houses, Annesley House and Kent Cottage in Queen's Crescent, Southsea, as a residential nursery with 30-35 places, chiefly for 'short stay' cases, *i.e.* children whose mothers are being confined or are ill. This nursery was completed in June, 1949. A proposal of the Health Committee to convert another large private house, Eastlands, Kent Road, for use as a hostel for mothers and babies was deferred by the Ministry but will be re-considered at a later date.

It was hoped to provide dental care for the 'priority groups' mentioned above through the resources of the School Dental Service, which were to be augmented by the appointment of additional staff. Unfortunately, the greatly superior attractions of dental practice under Part IV of the National Health Service Act have resulted in no applications being received in response to repeated advertisements. The staff of the School Dental Service has in consequence declined through resignations from five whole-time dental officers to three, thus making it impossible even to maintain that Service. Reference is made in the Report of the Senior Dental Officer (p.80) to the treatment which has been carried out at Saint Mary's Hospital Dental Clinic. An undertaking was also given by a representative of the Local Dental Committee that preference would be given to expectant and nursing mothers and young children by practitioners on the list of the Local Executive Council providing General Dental Services.

(3) UNDER SECTION 23 (MIDWIVES' SERVICE)

The Supervision of Midwives and the Provision of an efficient Domiciliary Midwifery Service.

The Committee's proposals provide for the existing Service to be augmented according to the demand and as opportunity arises. The training of all midwives in gas and air analgesia has been completed.

(4) UNDER SECTION 24 (HEALTH VISITING)

The Provision of Health Visitors to carry out their present Maternity and Child Welfare duties and also to give domiciliary advice on the Care of Persons suffering from Illness and on the Prevention of the Spread of Infection.

The proposals provide for the staff of Health Visitors to be augmented as required in order to perform the additional functions assigned under the Act, whereby they will be concerned in future with the health of the household as a whole including the preservation of health and precautions against the spread of infection, and will have an increasingly important part to play in health education.

(5) UNDER SECTION 25 (HOME NURSING)

Provision directly or through voluntary organisations of Home Nursing Services.

Arrangements have been made for the Portsmouth Victoria Nursing Association, which has for a number of years provided a very efficient service of home nursing in the area, to continue this service under the general control of the Local Health Authority. The staff will be augmented according to the demand for their services. Statistics of the work carried out during 1948 are given on page 84.

(6) UNDER SECTION 26 (VACCINATION AND IMMUNISATION)

Arrangements with Medical Practitioners for Vaccination against Smallpox (now voluntary, the Vaccination Acts being repealed) and Immunisation against Diphtheria.

An organisation similar to that for diphtheria immunisation has been set up for voluntary vaccination, which will in future be carried out by the Vaccination and Immunisation Medical Officer as well as by private practitioners who may now receive a fee for both vaccination and immunisation of their patients. The existing arrangements for diphtheria immunisation with its network of clinics throughout the City will be continued and extended.

(7) UNDER SECTION 27 (AMBULANCE SERVICE)

The provision directly or through voluntary organisations of an Ambulance Service for the conveyance where necessary of the Sick, Mentally Defective, or Expectant and Nursing Mothers.

The Municipal Ambulance Service operating from Saint Mary's Hospital will continue to be used as at present except that no charge will be made to patients. Increase is being made in the establishment of vehicles and staff as proves necessary.

(8) UNDER SECTION 28 (PREVENTION OF ILLNESS, CARE AND AFTER-CARE)

Arrangements for the purpose of the Prevention of Illness, the Care of Persons suffering from Illness or Mental Defectiveness, or the After-Care of such Persons (contributions may be made to any voluntary organisation formed for such purpose).

The facilities of the existing Mass Radiography Unit will be utilised to the full in the diagnosis of chest and heart diseases. The Scheme at present in operation for occupational therapy and rehabilitation in connection with the care of persons suffering from tuberculosis will be continued and extended in co-operation with the Voluntary Care Committee, which will be assisted financially in their general welfare work for the tuberculous. The present system of domiciliary visiting will be extended and will be available in due course for persons suffering from illnesses other than tuberculosis. As soon as circumstances permit nursing equipment will be supplied on loan at a small charge to patients who are being nursed in their own homes.

(9) UNDER SECTION 29 (DOMESTIC HELP)

The provision of Domestic Help for Households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged or a child not over compulsory school age.

The scope of the existing scheme will be extended to include any household where help is needed for the reasons mentioned above. An Organiser of Domestic Help was appointed in October, 1948, and the staff has been augmented according to demand, 76 part-time Home Helps being employed at the end of the year. Further information regarding the Home Help Service, as it is now called, is given on page 71.

(10) UNDER SECTIONS 28 & 51—PART V OF THE ACT (MENTAL HEALTH SERVICES)

The proposals approved include the formation of a Mental Health Sub-Committee of the Health Services Committee which will be responsible for all the duties, chiefly Domiciliary Services, of the Local Health Authority, *i.e.* the 'ascertainment' of cases of mental ill-health and mental deficiency, the statutory supervision and guardianship of mental defectives living in the community, obtaining detention orders, sending persons of unsound mind and mental defectives to mental hospitals and certified institutions and the provision of after-care for persons who have undergone treatment for mental illness. Through the Regional Hospital Board arrangements have been made for the services of the specialist medical and lay staff of St. James' Hospital to be available for out-patient psychiatric services and for the existing staff of psychiatric social workers, together with the recently appointed "Authorised Officers" to be used in connection with the care and after-care of persons suffering from mental illness or defectiveness. Further information regarding the Portsmouth Mental Health Service is given on pages 85—87.

HEALTH EDUCATION

The value of Health Education in assisting to advance the general fitness of the population can hardly be too greatly emphasised. Millions of work-hours are lost every year by preventible sickness which, by a little more care and knowledge, could be obviated.

Throughout the year the usual basic features of this work, such as the distribution of leaflets, the display of posters, and the giving of lectures to various Associations were carried on as before.

In addition, three fresh developments were undertaken. Firstly, in June, the Health Department participated in the Ideal Home Exhibition held in the Castle Field, with exhibits illustrating some of the Health Services.

Secondly in September, a local Food Hygiene Campaign was launched. Preliminary letters were sent to all holders of a Catering Licence, followed in October by a Conference addressed by Dr. R. Sutherland from the Central Council for Health Education. Subsequently, the local Food Trade Associations were approached, and in several cases meetings were arranged between their representatives and myself or members of my staff, at which each Trade's peculiar hygiene problems were discussed.

Thirdly, commencing in November, a series of window displays was arranged in shops throughout the City, and I am glad to record my thanks to the managements of the many establishments that made valuable space available to us. Each section of the Health Department was asked to contribute an exhibit concerning its work, and some creditable displays resulted.

INSPECTION AND SUPERVISION OF FOOD

(Pages 88—91 and 95)

The percentage of samples of food and drugs found to be adulterated, incorrectly labelled or otherwise unsatisfactory (7.9%) was more than that for the previous year (7.0%). The total number of samples taken was 1,431, an increase of 34 over the 1947 figure.

The report of the Veterinary Officer is noteworthy in the reference made to the closing of the Paulsgrove Slaughterhouse. It would appear that the pre-war decision of the Council regarding the erection of a Municipal Abattoir at Farlington will have to be abandoned in favour of the project to provide the Regional Abattoir at present under consideration.

FOOD AND DRINK INFECTIONS.

Staff difficulties which are referred to in the Chief Sanitary Inspector's Report prevented regular visits being made to restaurants, cafes and kitchens. Approval was given by the Health and Housing Committee for an increase in the complement of Sanitary Inspectors, which when effective should remove the difficulties to which attention has been drawn in this, and previous reports.

FOOD POISONING.

No cases of food poisoning were notified by medical practitioners, but several cases of intestinal upset were investigated by the Department.

Of these cases the most notable was an inquiry into an outbreak of acute diarrhoea and sickness affecting 14 people resident in the Fratton area. Each person had eaten winkles purchased from a street vendor, and within varying periods after ingestion, had onset of pain, acute diarrhoea and sickness. One woman, aged 57, was admitted to Saint Mary's Hospital in a semi-comatose condition and died after a 48 hour illness. From extremely sketchy information, the vendor was traced and found to have gathered the shellfish from the foreshore of Portsmouth Harbour, preparing them in the kitchen of a Council house by boiling them in a bucket. Specimens of the suspected collection were not available, but winkles gathered under similar conditions were submitted for bacteriological examination, as were also specimens of faeces and urine from convalescents. In every case the causative organisms remained unidentified. A post-mortem on the deceased woman likewise failed to yield the specific cause of death but the pathologist informed the Portsmouth Coroner at the inquest that the findings on examination of stomach contents, liver, spleen, etc., were "consistent with an attack of acute bacterial food poisoning," and it was accepted that death

had been caused by an unidentified toxin generated in the winkles. A verdict of "Death from misadventure" was recorded, the winkle-vendor giving the court an undertaking to refrain from gathering, preparing and selling winkles.

SANITARY CIRCUMSTANCES

(Pages 92—98)

WATER SUPPLY

There is nothing new to be recorded regarding the water supply, which continues to be of excellent character in both purity and quality. The results of the Public Analyst's chemical and bacteriological examinations are referred to on page 122.

HOUSING.

The City Architect has provided the following information on the housing position at the end of the year :—

1. Contracts placed total 4,322 dwellings, of which 3,652 were completed.
2. Of the above contracts, three groups of houses, totalling 155 in number, were being built by private enterprise under Circular 92/46, and 1,400 temporary bungalows had been completed.
3. A further 2 properties were completed under the L.S.3 Scheme, making a total of 217. Together with completions under C(b) contracts, this made a grand total of 1,356.
4. At Leigh Park, contracts were placed for 452 houses, and 350 of these were under construction.

HOUSING SURVEY.

Reference has previously been made to the need for a housing survey of the City and in November I reported that in order to comply with Ministerial requirements a map is to be prepared, showing, *inter alia*

"Buildings already condemned, or which would be scheduled for demolition under the Housing Acts, if demolition were immediately practicable."

A report on this matter is to be prepared for submission to the Health and Housing Committee for it is my opinion that the increase in staff which will be required will be the means whereby my Department can provide the basis for the long term plans for dealing with the housing situation.

DISPOSAL OF THE DEAD

MORTUARY ACCOMMODATION.

The number of bodies received into the Park Road Mortuary during the year was 148, compared with 248 in 1947. Provision has been made in our Five-year Programme for the erection of a new and larger mortuary, and it is proposed to provide a small one in due course on the Paulsgrove Estate.

CREMATORIUM.

The need for a crematorium mentioned repeatedly in previous reports must again be stressed, and it is hoped that, when the present acute position regarding shortage of building labour and materials improves, we can proceed with the scheme for the erection of an up-to-date crematorium.

ACKNOWLEDGMENTS

I desire to acknowledge with gratitude the willing services of the whole staff of the Health Department, who have responded without hesitation to the many demands made upon them. Special thanks are due to my Administrative Assistant, Mr. L. C. Rogers, who left the Department in December, 1948, to take up an appointment as Deputy Secretary to the Hospital Management Committee. During the twenty-nine years of his service in the Department he has been of the greatest assistance to successive Medical Officers of Health with whom he has worked, and his energy and enthusiasm have contributed much to the efficient organisation of the Health Department.

It is opportune again to acknowledge gratefully the many years of devoted service given by the Medical Superintendents and Staffs of the Hospitals, which passed as part of the National Health Service from Public Health Administration to that of the Regional Hospital Board on the 'appointed day.' Although no longer directly linked to the Public Health Service, the same friendly relations continue with our former colleagues in the Hospital and Specialist Services. The cordial co-operation which continues between the Medical Superintendent of the Infectious Diseases Hospital and myself is of special value in connection with epidemiological investigations.

I am greatly indebted to the Chairman and members of the Health Services Committee and of the Health and Housing Committee for their interest and encouragement, and I would express my appreciation of the helpful co-operation of my medical colleagues in the City and of all the local hospitals, of assistance freely given by the Town Clerk and the chief officials of other Departments of the Corporation, the Principal Regional Medical Officer, the Director of the Public Health Laboratory Service, Winchester, and the various voluntary organisations in Portsmouth.

I have the honour to be, my Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,

August 1949.

T. E. ROBERTS.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

SUMMARY FOR 1948

Civil Population (estimated by the Registrar-General) .. 216,200

1. GENERAL STATISTICS

Area in Acres (land and inland water)	9,223
Population (Census 1931)	252,421
Number of Inhabited Houses (including pre-fabricated bungalows)	53,396
Rateable Value (1st April 1948)	£1,849,497
Nett Product of a Penny Rate (estimated for year ending 31st March 1949)	£7,150
Average number of persons in each house (Census 1931) ..	4.5
Average number of persons per acre (Census 1931)	31.3
Total Rainfall	25.89 inches

2. EXTRACTS FROM VITAL STATISTICS

	<u>Total</u>	<u>Male</u>	<u>Female</u>	
LIVE BIRTHS :				
Legitimate ..	4,254	2,152	2,102	} Rate per 1,000 population <u>21.06</u>
Illegitimate ..	299	167	132	
Total ..	4,553	2,319	2,234	
STILLBIRTHS :				
Legitimate ..	109	45	64	} Rate per 1,000 total births <u>24.01</u>
Illegitimate ..	3	—	3	
Total ..	112	45	67	
DEATHS ..	2,381	1,193	1,188	} Rate per 1,000 population <u>11.01</u>

Deaths from diseases and accidents of Pregnancy and Childbirth:

From Puerperal and Post-Abortive Sepsis	1
From other Maternal causes	6

Maternal Mortality rate per 1,000 total births :

From Puerperal Sepsis	0.21
From other Maternal causes	1.29
Total Maternal Mortality rate	<u>1.50</u>

Death rate of Infants under one year of age :

All Infants per 1,000 live births (106)	23.28
Legitimate Infants per 1,000 legitimate live births (100) ..	23.51
Illegitimate Infants per 1,000 illegitimate live births (6) ..	20.07

Deaths from Cancer (all ages)	394
„ from Measles (all ages)	1
„ from Whooping Cough (all ages)	2
„ from Diarrhoea (under 2 years of age)	9

3. COMPARISON WITH PREVIOUS YEAR (1947)

	1948		1947	
	Population 216,200	Rate per 1,000 living	Population 212,020	Rate per 1,000 living
	No.		No.	
Births	4,553	21.06	5,149	24.29
Deaths	2,381	11.01	2,754	12.98
„ Principal Zymotic Diseases ..	13	0.06	26	0.12
„ Smallpox	—	—	—	—
„ Measles	1	0.00	5	0.02
„ Scarlet Fever ..	—	—	—	—
„ Diphtheria	—	—	1	0.00
„ Whooping Cough ..	2	0.01	4	0.02
„ Fever (Typhoid and Para-Typhoid) ..	1	0.00	—	—
„ Diarrhoea (under 2)	9	0.04	16	0.08
„ Pulmonary Tuberculosis ..	116	0.54	136	0.64
„ Other forms of Tuberculosis ..	13	0.06	20	0.09
„ Cancer	394	1.82	426	2.01
„ Influenza	4	0.02	10	0.05
		Rate per 1,000 live births		Rate per 1,000 live births
Deaths under 1 year of age ..	106	23	172	33
		Rate per 1,000 total births		Rate per 1,000 total births
Deaths Maternal—Sepsis ..	1	0.21	1	0.19
Other Maternal causes	6	1.29	3	0.57
Total	7	1.50	4	0.76
Average Death Rate for previous ten years (1938—47)				14.27

SUMMARY OF METEOROLOGICAL STATISTICS, 1948

BAROMETER. The mean barometric pressure for the year was 29.95 inches. The highest observed reading corrected to sea-level was 30.675 on 26th April, and the lowest 28.773 on 7th January.

TEMPERATURE. The mean temperature in the shade was 52.8°, or 2.0° above the normal.

Maximum. The mean maximum temperature in the shade was 59.3° the highest being 87° on 28th July.

Minimum. The mean minimum temperature was 47.1°, the lowest being 18° on 22nd February.

Minimum on grass. The mean minimum temperature on the grass was 42.7°, the lowest being 19° on 21st February.

Earth Temperature. The mean temperature at one foot below the ground was 53.8°, and at four feet 54°.

BRIGHT SUNSHINE. 1,892 hours 12 minutes of sunshine were registered by the Campbell-Stokes Recorder. The greatest amount registered on one day was 14.8 hours on 19th May.

FROSTS. The minimum temperature in the shade, four feet above the ground, fell to and below freezing point on 15 days, and that on the ground on 36 occasions.

HUMIDITY. The mean humidity of the air (saturation 100) was 69.9%.

RAINFALL. The total rainfall was 25.89 inches, or 3.87 inches below the normal. The greatest fall of rain in twenty-four hours was 1.06 inches on 31st December.

HAIL. Hail occurred on 5 occasions.

SNOW. Snow or sleet fell on 6 occasions.

THUNDER. Thunder occurred on 2 occasions.

FOGS. Fogs occurred on 17 occasions.

GALES. Gales occurred on 21 occasions (16 fresh ; 5 moderate).

AVERAGES FOR THE PAST TEN YEARS (1939-48)

Rainfall	Hours of Bright Sunshine	Mean Temperature
27.43 inches	1,740.7	52.0

INFECTIOUS DISEASES

Confirmed cases occurring during the year are given below :

<u>DISEASE</u>	<u>Confirmed Cases</u>		<u>Total Deaths</u>	
	1948	1947	1948	1947
Typhoid and Para-Typhoid ..	5	—	1	—
Cerebro-Spinal Meningitis ..	2	13	1	3
Scarlet Fever	363	282	—	—
Whooping Cough	336	241	2	4
Diphtheria	6	15	—	1
Erysipelas	50	42	—	—
Tuberculosis—Pulmonary ..	433	414	116	136
—Non-Pulmonary ..	40	50	13	20
Ophthalmia Neonatorum ..	15	16	—	—
Dysentery	5	—	—	—
Malaria	1	—	—	—
{ Notifiable Pneumonia }	13	29	79*	142*
{ Influenza .. }			4	10
Measles	1,009	2,031	1	5
Acute Poliomyelitis	11	20	—	2
Puerperal Pyrexia	35	22	—	—
Encephalitis Lethargica ..	—	—	2	2

*All forms.

INFECTIOUS DISEASES HOSPITAL

By the Medical Superintendent.

The total number of beds available for the treatment of infectious diseases in the hospital is 308; of these the two cubicle isolation blocks supply 40. Arrangements have been made by the Ministry of Health for three wards to be allocated temporarily for the treatment of tuberculosis; the total number of beds now available for this disease is 88. One block is in process of being converted into a central laboratory to supply the Portsmouth and Isle of Wight area.

As in previous years, difficulty has been experienced in obtaining nursing staff, and as a result the work was carried out under very trying circumstances, many of the wards having to be understaffed. Staff sickness during the year has been very slight and no case of a serious nature has occurred. In fact, the occurrence of infectious disease among members of either nursing or domestic staffs is a rarity. This speaks well for the co-operation of members of the staff, especially with regard to immunisation. The optimism expressed some years ago with regard to ample supply of trainees and qualified nurses has not materialised. Every effort has been made to obtain trainees and qualified nurses, but the response is poor.

The majority of the bacteriological work was sent to the Emergency Public Health Laboratory, Winchester. All swabs of diphtheria were classified into the various types, and this was extremely useful for epidemiological purposes. I would like to take this opportunity of expressing my thanks to Dr. Mackenzie and his staff for the work they have carried out on behalf of the hospital.

A few specimens have been examined in the hospital laboratory—direct smears from throat, cerebro-spinal fluid, urine, sputa and some throat cultures.

The services of an Ear, Nose and Throat Surgeon are available when required, also those of a Consulting Physician and Consulting Surgeon.

The work of the hospital has been carried out in a most excellent manner during the past year, notwithstanding many trials in regard to shortage of staff, both nursing and domestic.

I should like to take this opportunity of expressing my sincere thanks to the Matron and nursing staffs for their invaluable help and co-operation, and to the Resident Medical Officer, Dr. W. B. O'Driscoll, who is also the Deputy Medical Superintendent, for the excellent manner in which he carried out his duties.

This preamble applies until the operative day of the National Health Service Act, namely 5th July, 1948. Since then there have been some alterations, the main one being that the Pathological Laboratory for Portsmouth and the Isle of Wight is established in this hospital, and has taken over all that work.

ADMISSIONS. The total number of admissions was slightly higher than in 1947.

During the year 1,059 (1,171) cases were admitted, excluding tuberculosis, which accounted for 288 (162) admissions. The grand total of all cases admitted during the year was 1,347 (1,333). 141 (100) cases were admitted from outside the City boundary and 9 (55) Service cases.

DISCHARGES—1,031.

DEATHS—30.

TOTAL—1,061.

CASES DISCHARGED DURING 1948

MONTH	Scarlet Fever	Diph- theria	Other Infections	Non- Infections	Deaths	Total
January ..	38	1	49	9	3	100
February ..	42	—	36	17	5	100
March ..	52	1	42	20	6	121
April ..	40	—	39	20	3	102
May ..	37	2	34	13	4	90
June ..	30	—	42	15	1	88
July ..	32	—	37	16	3	88
August ..	25	—	48	16	1	90
September ..	7	—	32	16	—	55
October ..	17	1	34	12	2	66
November ..	23	5	34	9	—	71
December ..	13	1	52	22	2	90
Total ..	356	11	479	185	30	1,061

DEATHS. During the year there were 30 deaths from the causes stated below :—

Broncho-Pneumonia and Gastro-Enteritis	3	Meningococcal Meningitis ..	1
Gastro-Enteritis	5	T.B. Meningitis	7
Acute Infectious Enteritis ..	1	Miliary T.B.	1
Gastro-Enteritis, Broncho-Pneumonia and Morbilli	1	Senility	1
Broncho-Pneumonia, Pertussis and Diabetes M.	1	Bulbar Paralysis and Polio-encephalitis	1
Broncho-Pneumonia and Pertussis	2	Enteric Fever	1
Convulsions and Pertussis ..	2	Encephalitis and Gastro-Enteritis	1
		Broncho-Pneumonia and Eczema .	1
		Broncho-Pneumonia and Morbilli	1

Note—It will be noted that, in some of the diseases, more cases proved to be that disease than were actually admitted as such. This is accounted for by the fact that cases may be sent in as one condition and prove to be another. These figures refer to actual cases of the disease.

Diphtheria

There were 8 cases admitted as Diphtheria. Analysis of proven cases of Diphtheria discharged, together with complications arising whilst in hospital, is given below :—

Day of Disease	AGE GROUP						DIPHThERIA TYPE						TYPE		COMPLI-CATIONS						
	0-5 years		5-10 years		10-15 years		15-20 years		20 years +		Laryngeal	Pharyngeal	Tonsillar	Nasal	Faucial	Naso-Pharyngeal	Mitis	Gravis	Negative Swabs	Positive Swabs	Sinus Arrhythmia following Extra Systoles
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-
3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
4	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1
5	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-
6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

8 cases were admitted as Diphtheria, and 11 cases proved to be Diphtheria. They were sub-divided clinically into :—

Laryngeal Diphtheria	..	6
Pharyngeal Diphtheria	..	1
Naso-Pharyngeal Diphtheria	..	1
Tonsillar Diphtheria	..	1
Faucial Diphtheria	..	1
Nasal Diphtheria	..	1

There were no deaths from Diphtheria during the year.

Scarlet Fever

There were 336 cases admitted as Scarlet Fever. There were no deaths. The following is a table showing the complications arising from the 356 proven cases of Scarlet Fever discharged :—

Septic Spots	3	Adenitis	35
Rhinorrhoea	4	Excoriation of Nostrils	1
Otorrhoea	13	Mastoidectomy	1
Serum Reaction	3	Erythema Nodosum	2
Tonsils and Adenoids Removed ..	3	Streptococcal Ear	1
Albuminuria	1	Furuncles	1
Second Degree Burn	1	Convalescent Carrier	10
Recurrent Tonsillitis	1	Septic sores round mouth	1

Enteric Fever

There were three cases of Enteric Fever admitted, and seven cases proved to be Enteric Fever.

Epidemic Cerebro-spinal Meningitis

During the year four cases were admitted as Epidemic Cerebro-spinal Meningitis. Below is a table setting out the age groups of the six proven cases discharged during the year (including one death):—

AGE	MALE	FEMALE	TOTAL
0-5 years	2	1	3
5-10 years	1	1	2
10-15 years	—	—	—
15-20 years	—	—	—
20-25 years	—	—	—
25 years+	1	—	1

Puerperal Pyrexia

There were 18 cases admitted as Puerperal Pyrexia, and 16 cases proved to be Puerperal Pyrexia.

INFECTIOUS DISEASES HOSPITAL — ADMISSIONS 1948
(Diagnosis before Admission)

	January	February	March	April	May	June	July	August	September	October	November	December	GRAND TOTAL	Service Cases	Cases from Outside the area	Net Admissions Portsmouth Area
Scarlet Fever	41	38	47	40	30	23	39	6	16	23	17	16	336	-	32	304
Diphtheria	-	1	1	-	-	-	1	-	1	-	3	1	8	-	4	4
Enteric	1	-	-	-	-	-	-	-	1	-	1	-	3	-	1	2
Para-Typhoid Fever	-	-	-	-	-	-	3	-	1	-	1	-	5	-	5	-
Varicella	1	1	-	4	-	1	4	1	1	-	-	1	14	-	2	12
Morbilli	1	9	2	4	3	10	5	4	3	7	13	35	96	-	5	91
Contact Morbilli	-	-	-	-	-	-	-	-	-	-	3	-	3	-	1	2
Pertussis	7	5	5	5	7	3	2	2	2	1	3	6	48	-	9	39
Mumps	1	-	1	-	1	2	1	9	4	4	2	2	27	-	3	24
Puerperal Pyrexia	1	1	3	1	3	1	2	2	1	1	1	1	18	-	4	14
Healthy Baby	1	1	3	1	2	1	1	2	1	1	1	1	16	-	3	13
Infective Hepatitis	1	-	-	-	-	-	-	-	-	1	-	-	2	-	-	2
Gastro Enteritis	8	10	18	8	13	7	12	2	3	4	10	15	110	-	15	95
Toxic Enteritis	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	1
Poliomyelitis	1	2	1	-	-	-	-	1	-	1	1	-	7	-	1	6
Erysipelas	4	5	3	6	7	2	-	2	4	-	3	3	39	-	2	37
Observation	20	12	19	15	17	21	19	17	16	18	12	19	205	-	29	176
Pemphigus	2	-	-	-	-	-	-	1	1	-	-	-	4	-	2	2
Strep. Carrier	-	-	-	1	-	-	1	-	-	-	-	-	2	-	-	2
Strep. Throat	2	-	-	1	6	1	3	-	-	1	2	2	18	-	-	18
Otitis Media	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1
Otorrhoea	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Nephritis	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1
Post Scarlet Fever and Nephritis	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
New Born Child	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1
E.C.S. Meningitis	1	-	1	-	-	1	-	-	-	1	-	-	4	-	3	1
Eczema	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-
Diarrhoea & Vomiting	-	2	2	1	2	-	-	-	1	1	2	2	13	-	-	13
Meningeal Irritation	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1
Tonsillitis	-	1	-	1	2	-	3	-	4	-	-	-	11	-	-	11
Pleural Effusion	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	-
Pneumonia	-	4	2	-	-	-	-	-	1	1	-	1	9	-	1	8
Encephalitis	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	1
Glandular Fever	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Sub-Maxillary Abscess	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	1
Meningitis	-	3	1	1	-	1	3	2	-	-	1	-	12	-	3	9
Gastritis	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	1
Dysentery	-	1	-	-	-	1	-	-	-	-	-	1	3	-	2	1
Pyrexia of Unknown Origin	-	-	-	-	-	-	-	1	-	1	-	-	2	-	-	2
Laryngitis	-	1	-	-	1	-	-	-	-	-	-	-	2	-	-	2
Quinsy	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	1
Septic Finger	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	1
Rat Bite Fever	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1	-
Oophoritis	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	1
Ulcerative Stomatitis	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	1
Influenza	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	1
Croup	-	-	1	1	-	1	-	-	-	-	-	-	3	-	-	3
Abscess of Neck	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1	-
Rubella	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	1
Green Stools	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	1
Puerperal Sepsis	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	-
Catarrhal Jaundice	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	1
Vincent's Angina	-	-	-	-	1	-	-	-	-	1	-	-	2	-	-	2
Ophthalmia Neonatorum	-	-	-	2	-	-	-	2	-	1	-	-	5	-	2	3
Rash	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	1
Healthy Mother	-	-	-	-	2	-	-	3	1	1	-	-	7	-	4	3
TOTAL	95	98	114	94	99	78	100	58	66	70	79	108	1059	-	138	921

IMMUNISATION: DIPHTHERIA, PERTUSSIS, AND VACCINATION

By the Medical Officer in Charge.

GENERAL.

The commencement of the National Health Service in July brought a good deal of added work to the immunisation services of the City. Vaccination was made voluntary and was joined with immunisation for administrative purposes—thus becoming the responsibility of the Local Authority.

The co-operation of all Medical Practitioners in the City was invited and 84 responded. These practitioners are supplied free with lymph and diphtheria antigen along with record cards. Payment (amount not yet agreed) is made for completion and return of the records. The lymph for vaccination is supplied by the Central Laboratory in Winchester, and the diphtheria antigen by the Health Department. Although pertussis antigen is not included in the National scheme, it has been supplied free by the Health Department. During the latter half of the year, 38 five c.c. bottles of diphtheria antigen, and 35 ten c.c. bottles of pertussis have been supplied to 24 doctors.

The small half-hour clinic held on one morning a week at the Infectious Diseases Hospital for diphtheria and pertussis immunisation is continued, but, for immunisation and vaccination of persons going abroad, a two hour morning clinic on three days a week was opened at the Infectious Diseases Hospital. Unfortunately, part of the immunisation and disinfection clinic had to be given up to the Central Laboratory, so that the new vaccination clinic is working in adverse conditions. It is hoped that a new central clinic for immunisation and disinfection may be found in the near future with a subsidiary clinic at Paulsgrove.

DIPHTHERIA

There is no alteration in the number of clinics, day nurseries and schools visited regularly, but some adjustment of hours had to be made at three of the schools. In place of the usual twenty minutes given for each school, three-quarters of an hour had to be allotted to Hillside, Stamshaw and Flying Bull Lane schools. Hillside is conveniently placed for the new Paulsgrove estate and the work there is progressively increasing. At Stamshaw and Flying Bull Lane, too, the number of mothers attending has increased very much and it is not unusual to get some 60 to 80 attendances at these schools. In expressing my appreciation of the very willing help and co-operation shown by the teachers at all the schools, I am particularly grateful to the Head Teachers at the above three schools.

I also wish to express appreciation of the assistance given by the Ambulance Service. The success of the immunisation service in the City is very largely due to the regular and punctual attendances made at the various centres, and without reliable and punctual car or ambulance service, this would not be possible.

The Mobile Unit was brought into use for the first time on the Paulsgrove estate and visits were paid during June, July and August. It was thought that, by commencing at one o'clock, the area mapped out could be covered by 4.30 or 5.00. Instead, the finishing times were 7.30, 8.00 and 8.30. During the three visits, 156 first doses for diphtheria, 136 second doses and 8 supplementaries were given; whilst for pertussis 124 first doses, 117 second and 108 third doses were administered.

It is interesting to note the percentage of the under-five class immunised at the various centres—Clinics, 69.6%; Schools, 20.8%; Mobile Unit 3.2% and Day Nurseries, 2.9%; whilst general practitioners in the scheme did 3.5%. The large percentage of 20.8 babies done at the schools shows the value of the schools programme.

Private schools were visited, as usual, by special arrangement, and most of the private schools in the City continue to take advantage of the service.

It is a matter for congratulation that only six cases of diphtheria were admitted to the Infectious Diseases Hospital during the year. Three of these had been immunised and three not. The immunised children had rapid and uneventful recoveries. There were no deaths from diphtheria.

INVESTIGATION

Investigation into the use of A.P.T. and P.T.A.P. has been continued. It can be said that A.P.T. can be used up to the age of about 14 without any undue reaction, and that for the older pupils (14 to 18) P.T.A.P. is probably better. Out of 226 pupils immunised at the High School, 171 were in the 13 to 18 class and only three pupils showed some indication of faintness after the inoculation. There were no arm reactions.

PUBLICITY

The problem of bringing the facilities for immunisation and vaccination to the parents is still with us. In spite of constant advertisements in the local papers, we find mothers come to the clinics without any idea of the times for attendance or the fact that there may be a school on her doorstep to which she could have taken her baby.

I believe very strongly that the Health Visitor should be the initiator of visits to the immunisation centres. A sudden spurt of immunisation at any particular school always indicates to us that the Health Visitor has been making a special round of her district.

Several of the cinemas in the City have given permission to exhibit our posters from time to time, and during the winter months several of the shops in the City gave window space for display. I am very grateful to one firm in particular for their help. The window they gave is probably the most central and prominent in the City and, in addition, permission was given for lighting at night.

It was hoped to enlist the services of the Registrars of Births and Deaths to distribute a leaflet giving general information on vaccination and immunisation and the places and times of the clinics. Unfortunately this was found impracticable.

We were fortunate, however, in getting the local Food Offices to distribute the leaflets when the parent went for the first ration book. This help has been invaluable and I record my appreciation and thanks to the Food Executive Officer.

REACTIONS

The question of reactions has been given serious consideration. The scheme for giving a special leaflet to each parent telling them what to do and where and when to find the medical officer is proving useful. Every parent is given one of these leaflets when attending for the first time. Each case reported is followed up and advice and treatment given where necessary.

During the year, 89 cases of reactions have been reported. I have divided these into "MILD," "MODERATE," "SEVERE." This is, of course, a personal and arbitrary classification, but shortly, I have put in the 'mild' class those who showed some slight stiffness of the arm which required no

treatment, or some restlessness lasting a few days, again requiring no treatment. In the 'moderate' I place cases which have swollen arms (in some cases requiring treatment) or sickness and headache with raising of temperature. In the 'severe' I have put cases which required opening up of abscess or confinement to bed for more than three days with raised temperature. In all swollen or inflamed arms I have found that the application of a Kaolin poultice acts almost like magic.

Table of reactions :—

		1st Dip.	2nd Dip.	Supp. Dip.	1st Pert.	2nd Pert.	3rd Pert.	1st Comb.	2nd Comb.
MILD	.. ..	9	5	18	11	4	5	14	8
MODERATE	.. ..	1	4	0	2	1	1	0	2
SEVERE	.. ..	0	0	0	1	0	0	1	0

A combined supplementary diphtheria and pertussis gave severe reaction in the only two cases done. The table covers all ages. It will be seen that supplementary diphtherias gave the greatest number of mild reactions—many of them were very, very mild. One boy sent for a reaction after supplementary diphtheria gave a history of pain and inability to move the arm, coming on a week after the injection. It transpired that he had had a fall a few days after the injection and then complained of pain. On examination, I found that he had fractured his wrist!

There is little to choose between diphtheria and pertussis, the figures are very even—but the first combined dose seems to show rather a high number of reactions.

FRANGIBILITY OF NEEDLES

In the early months of the year some anxiety was caused by the number of needles breaking off at the haft. Fortunately, it was possible to remove the needle without damage to the patient, and the particular batch of needles was discarded. Later in the year, however, two needles broke off and it was impossible to remove them without surgical operation. In the Annual Report for 1948 of the Medical Defence Union, the Council reported its alarm at the frequency of the fracture of hollow needles used in the treatment of patients. Skilled research is being carried out by competent technicians and it is hoped to publish soon a report by a Committee of the British Standards Institution on which the Defence Union is represented. They hope it will prove practicable to arrive at a state of affairs when the medical and dental professions can use with confidence needles and associated equipment unlikely to fracture under ordinary usage.

STATISTICS RELATING TO DIPHTHERIA IMMUNISATION

The material used was A.P.T. in doses of 0.3 and 0.5 c.c., supplied by the Ministry of Health, through the Emergency Public Health Laboratory.

Total number of children who received the complete course :—

		1948	1947
Under 5	.. ..	4,145	3,491
5—15	.. ..	761	880
Over 15	.. ..	11	4
	Totals ..	4,917	4,375
Supplementary doses	.. ..	5,452	3,060
Total number of children immunised since commencement of the scheme	..	59,084	

The percentage of school children fully immunised at the end of the year was 96.6%, and that of the under-fives 56.5%.

The number of cases admitted to hospital as diphtheria and the number of deaths during the past 11 years are given below for reference purposes :—

Year	Admitted to Hospital	Died	Year	Admitted to Hospital	Died
1938	302	14	1944	17	2
1939	133	6	1945	13	2
1940	79	4	1946	17	0
1941	110	9	1947	15	1
1942	75	2	1948	6	0
1943	31	1			

WHOOPING COUGH (PERTUSSIS)

We continue to use the pertussis A.P.T. vaccine (made by Glaxo) with much success. We advise parents to commence pertussis immunisation at six months and on the third dose at 8 months to add the first dose of diphtheria. I think this may possibly cut out many of the reactions which we get with the first combined dose given at a later age.

Supplementary doses are advised at two-year intervals and during 1948 19 such doses were given.

TREATMENT OF PERTUSSIS

The treating of cases of pertussis admitted to the Infectious Diseases Hospital has been continued. In the previous year only uncomplicated cases were treated, but, after consultation with Dr. J. Ungar, Glaxo research medical officer, all cases, whether complicated with broncho-pneumonia or not, are now treated. The success attending this experiment has been marked. In every case, the whoop has been lessened and sickness very much reduced. The stay in hospital has been shorter and there have been no deaths.

51 cases were treated during the year, 14 of them with broncho-pneumonia as a complication.

None of the cases admitted to the Infectious Diseases Hospital had been immunised. It is difficult to estimate the number of cases of pertussis occurring in immunised children as many of the cases are not reported.

In the Day Nurseries, there were 20 cases of pertussis. One had been immunised in 1948 and 10 in 1945 and 1946 when the dissolved vaccine (with its limited period of protection) was being used. The other 9 cases had not completed the course of immunisation.

STATISTICS RELATING TO WHOOPING COUGH IMMUNISATION

Completed cases—Under 5	..	..	..	3,771
5 to 15	..	..	..	662
Over 15	..	..	..	5
			Total ..	4,438
Supplementary doses	..	..	..	19

COLD VACCINE

Twelve members of the staff volunteered to try this vaccine. The Vaccine prepared by Glaxo was used. In three of the cases, reactions were moderately severe. One member developed a 'cold' later, but otherwise there was little to note.

TYPHOID, TYPHUS, TETANUS, CHOLERA AND PLAGUE

Immunisation against these diseases for persons going abroad was commenced in July and, during the six months, 67 cases were treated. 34 were for Typhoid ABC, 15 for Cholera, 11 for Typhoid with Tetanus and 7 for Typhus.

VACCINATION

The office of Public Vaccinator was abolished and the responsibility for voluntary vaccination added to the duties of the immunisation officer in collaboration with those medical practitioners in the City who wished to join the scheme.

84 practitioners responded; lymph is supplied to them by the laboratory at Winchester and the record cards by the Health Department to which they are returned on completion.

The vaccinations done by this department were 209 first and 41 re-vaccinations, a total of 250. The corresponding figures for general practitioners were 412 and 73, a total of 485. The full total of vaccinations done under the scheme in the City was 735.

PARASITIC INFESTATION

By the Medical Officer in Charge, Infestation Clinic.

Scabies

The general decline in numbers seen and treated for scabies continued in 1948, when only 600 cases and contacts were seen. This compares favourably with 1,177 seen in 1947, and 5,392 in 1942. The distribution as to age and sex was much as before. Of the 600 cases and contacts seen, 357 (656) were actual cases, and 243 (521) contacts who showed no active evidence of scabies. Cases showing added skin infections numbered 39, as compared with 84 in the previous year. The severity of the septic conditions was much less. The 357 actual cases were required to attend on two or more occasions, total attendances numbering 1,725.

Letters giving warning of possible legal proceedings under Section 85 of the Public Health Act, 1936, were sent to four females and two males. All six attended.

Four families showed pediculosis as well as scabies.

Most of the cases were sent by the School Health Service, but twenty-one families came from private doctors or hospitals. A domiciliary visit was paid to two males confined to bed because of tonsillitis. Twenty-six families had been treated previously, two of them on more than one occasion and two for pediculosis. Only one individual showed a recurrence of symptoms within two months of treatment. The 25% emulsion of Benzyl Benzoate prepared in the Clinic is used with completely satisfactory results.

In July, one half of F. Ward had to be vacated to make room for part of the Central Laboratory. This has caused a good deal of congestion and the work is now done under difficulty and with a good deal of improvisation. The conditions are, in fact, worse than during the war years when improvisation was a necessity and a virtue.

Total number of cases dealt with during the year :—

		1948	1947
Cases	.. .. .	357	656
Contacts	.. .. .	243	521
	Totals ..	600	1,177

Of the above, 39 (84) had added skin infections.

The distribution as to age and sex was :—

	Under 5			5—15			Over 15			Totals		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Cases ..	32	30	62	85	72	157	41	97	138	158	199	357
Contacts ..	19	17	26	29	21	50	82	75	157	130	113	243
Totals ..	51	47	98	114	93	207	123	172	295	288	312	600

Distribution of added skin infections was :—

Under 5			5—15			Over 15			Totals		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
7	4	11	8	5	13	10	5	15	25	14	39

The total number of attendances was :—

	Under 5	5—15	Over 15	Total
Original attendances ..	98	207	295	600
Add subsequent attendances	204	504	417	1,125
Total for year	302	711	712	1,725

Pediculosis

During the year, 149 households, comprising 187 families and 731 individuals were examined and treated. These figures are slightly less than last year when 165 households, 218 families and 890 individuals were treated. Of the 731, 573 were actually infested.

Most of the cases were sent by the School Health Service, but 41 out of the 187 families were referred by private doctors or hospitals. 45 families had been treated previously for pediculosis, 17 of them more than once. 4 families had scabies as well as pediculosis. Pubic infestation was found in 12 persons, 7 men and 5 women, whilst body lice were found in 11 persons, 9 men and 2 women. One male child under five had severe impetigo of the scalp. Domiciliary visits were paid to two men unable to attend because of physical infirmity.

Letters giving warning of the possibility of prosecution under Section 85 of the Public Health Act, 1936, were sent to 26 individuals. All, with one exception, had the desired effect. The exception was a woman with her two school children who had to appear before the Magistrates. She attended in due course, but had again to be proceeded against before she was finally cleared. In this connection it should be said that the rescinding of the Scabies Order has made it much more difficult to get contacts to come for treatment. With scabies, one must be able to certify that the contact is actually suffering from this disease. With pediculosis, this can be effected without specific examination by visiting the contacts 'to persuade them to come' and, at the same time seeing if there are any nits on the head. Such evidence is sufficient when proceeding under the Act. These visits necessarily encroach on the Medical Officer's time.

It will be noted from the figures given that 98.8% of school girls and 93.2% of the adult women examined were infested. School boys showed 90.1% infestation.

A mixture of Ascabiol and Lethane is used in the clinic, but during the summer months investigation (in collaboration with the Principal Medical Officer of the Ministry of Education) was made with Suleo (D.D.T. with

Pyrethrins) and Lorexane (Benzene Hexachloride). In these investigations, 180 cases were treated, 93 with Lorexane and 87 with Suleo.

Of the 93—14 were children under five,
50 were school children and
29 were adult women.

Of the 87—10 were under five,
54 were school children and
23 adult women.

The cases attended, were examined and the condition ascertained and recorded. The medicament was then put on the head and after 15 minutes the condition of the lice was ascertained. In every case, all lice on the heads were dead. The patient was instructed to return in a week and meantime not to comb or wash the hair. Light brushing to keep the hair tidy was permitted. At the second attendance the medicament was again applied, and the patient was further examined a week later. In several cases four weekly visits had to be made because there was doubt as to whether nits present were alive or not.

From the observations made it was concluded that both Suleo and Lorexane killed lice almost at once. In one or two cases, live lice were found at the second attendance, and it was suspected (in one case definitely known), that the head had been washed.

Neither substance made the removal of nits any easier, but it can be said with certainty that a weekly application for three successive weeks will exclude any possibility of live lice. There were no undesirable results from the use of the material.

From the administrative point of view, Suleo was preferred to Lorexane. The Lorexane had to be made up fresh for each morning's work and this was wasteful of both time and material. The Suleo was less noticeable on the hair and so gave less offence to the patients.

This investigation is being carried on and, in addition, the Derbac solution (D.D.T.) and Cooper's D.D.T. with pyrethrins are also being used. As with Lorexane and Suleo, there is no doubt of the louse killing properties of the Derbac and Cooper's solutions, but they have disadvantages. Coopers gives a whitewashed appearance to the hair and Derbac gives the 'drowned rat' appearance. It should be borne in mind that the patients used in these investigations were not under constant supervision; it is hoped it will be possible to treat some patients in hospital, and so under constant supervision.

In all the medicaments the residual action is present for at least a week, and if patients can be persuaded to carry on treatment for three or four successive weeks, the necessity for getting rid of nits will have gone as any nits which hatch out will be killed.

Advantage was taken of several shop window displays in the City publicising Immunisation to add informatory posters about lice and scabies.

The distribution as to age and sex of the 731 persons treated was :—

	Under 5			5—15			Over 15			Totals		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infested ..	35	33	68	137	173	310	30	165	195	202	371	573
Not Infested	23	14	37	15	1	16	93	12	105	131	27	158
Totals ..	58	47	105	152	174	326	123	177	300	333	398	731

The total number of attendances was :—

	Under 5	5—15	Over 15	Totals
Original attendances	105	326	300	731
Add subsequent attendances ..	441	1,529	752	2,722
Total for year	546	1,855	1,052	3,453

ANALYSIS OF DEATHS FROM CANCER, 1948

	0—1		1—5		5—15		15—45		45—65		65 and over		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Cancer of buccal cavity and oesophagus ..	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	7 (4)	- (-)	11 (11)	- (-)	18 (15)	- (-)
Cancer of uterus ..	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	2 (-)	2 (-)	- (-)	10 (10)	- (-)	6 (12)	- (-)	18 (22)
Cancer of stomach and duodenum ..	- (-)	- (-)	- (-)	- (-)	2 (5)	2 (2)	2 (5)	2 (2)	11 (17)	9 (9)	21 (23)	26 (14)	34 (45)	37 (25)
Cancer of breast ..	- (-)	- (-)	- (-)	- (-)	- (-)	3 (7)	- (-)	3 (7)	- (-)	15 (15)	- (-)	21 (26)	- (-)	39 (48)
Cancer of all other sites	- (-)	- (-)	- (1)	- (-)	- (-)	6 (3)	9 (9)	6 (3)	45 (63)	42 (34)	73 (84)	73 (77)	127 (157)	121 (114)
Totals ..	- (-)	- (-)	- (1)	- (-)	- (-)	13 (12)	11 (14)	13 (12)	63 (84)	76 (68)	105 (118)	126 (129)	179 (217)	215 (209)
	GRAND TOTAL												394	(426)

Figures in brackets are those for 1947

VENEREAL DISEASES TREATMENT CENTRE

By the Venereal Diseases Officer.

It is satisfactory to report that the number of cases reporting for the first time during 1948 showed a decrease of 167 on the previous year. They indicate, in fact, a marked reduction to the normal levels of pre-war statistics. Included in this reduction is the number of congenital syphilitics, 20 less cases being recorded during the year.

It is also pleasing to note that the percentage of defaulters, both male and female, has again been kept at a comparatively low level.

TABLE OF STATISTICS

	1948			1947		
	M.	F.	Total	M.	F.	Total
No. of cases under treatment or observation on 1st January	235	295	530	256	305	561
No. of cases dealt with for the first time during the year	500	310	810	612	359	971
No. of cases discharged on completion of treatment and final tests of cure ..	428	301	729	523	332	855
No. of cases which ceased to attend before completion of treatment	42	25	67	32	51	83
No. of cases which ceased to attend after completion of treatment but before final tests of cure	44	32	76	68	21	89
No. of cases transferred to other centres or to the care of private practitioners	87	32	119	108	35	143
No. of cases remaining under treatment or observation on 31st December ..	203	281	484	235	295	530
No. of Attendances—						
(a) for attention by Medical Officer ..	3727	3707	7434	4426	4582	9008
(b) for intermediate treatment ..	748	1051	1799	696	991	1687
TOTAL ATTENDANCES	4475	4758	9233	5122	5573	10695

SOCIAL WORK IN THE FEMALE CLINIC FOR VENEREAL DISEASES

By the Almoner.

During 1948 the Social Work in the Clinic was carried out on much the same lines as in previous years. All patients were interviewed by the Almoner.

ROUTINE INTERVIEWING

Particulars of contacts were taken where necessary and a special card was given to the patient. This she was asked to pass on to her consort, in an attempt to persuade him to attend for examination. This system on the whole was fairly satisfactory, but unfortunately, the girl often did not know the whereabouts of her contact, or did not want to associate with him again, and it was, therefore, not possible to secure his attendance. In a number of cases it was found that the contact named was serving in the Forces and although the girl was willing that the appropriate authority should be notified, she was unable to give the necessary Service particulars.

Total number of interviews given during the year, 1,015.

GENERAL SOCIAL WORK

By seeing patients each week, it was possible to help them in a variety of ways. Home visiting, of course, plays a great part in the establishment of a good relationship between the patient and social worker and many domestic difficulties, which might otherwise not have come to light, were discussed when the home was visited. If a patient is attending the Clinic regularly it is not usually necessary to visit the home and advantage must, therefore, be taken of the limited time available at a routine interview. Unemployment and consequent material hardships, lack of accommodation with maladjustments of family relationship, low wages and high cost of living, are among problems which all too frequently the patients have to face.

Total number of patients registered as needing help during the year, 352

IN-PATIENTS

A number of Clinic patients were admitted to the Wards for their confinements and other special treatment. They were frequently visited and advice and help was given where possible.

DEFAULTERS

The defaulter rate decreased from 15.6% in 1947 to 13.5% in 1948. The follow up of defaulters has taken up a considerable amount of time. Patients were usually allowed two weeks non-attendance before they were actually followed up, unless they were having daily treatment, in which case they had to be visited immediately or the value of their treatment would have been lost.

In the first instance, letters were usually sent to the defaulters, but if they did not reply, visits had to be paid to ascertain the reason for non-attendance.

Women with a number of small children find it very difficult to travel long distances, and they are very frequently unable to find relatives or friends who are willing to look after the little ones while they come to the Clinic. It has been possible to arrange for a car to collect several families and bring them to the Hospital each week. In other cases, where the patients have had long journeys by train, their fares have been paid.

Home visiting is undoubtedly the best method of follow up, but the lack of time and transport has prevented more visiting being done. Consequently many more letters have had to be written, and this is not always appreciated by the patients. Many object to having letters sent to their homes, in case they are opened by other members of the family. This is especially true in cases where the relatives have no knowledge of the patient attending the Clinic.

Total number of visits paid by the Almoner during the year, 246

COUNTY CASES

Very valuable work has been done by Sister Trimble, C.A., who continues to visit defaulting patients resident in Hampshire. The number of visits paid during 1948 has decreased considerably owing to the fact that the patients for whose follow-up she is responsible have now only to attend the Clinic at three or six monthly intervals.

Total number of visits paid by County Worker, 42

STATISTICS RELATING TO THE WORK OF THE ALMONER.

1.	NUMBER OF CASES REGISTERED AS NEEDING HELP	352	(418)
2.	NUMBER OF VISITS PAID	246	(358)
3.	NUMBER OF INTERVIEWS	1,015	(708)
4.	LETTERS—REPORTS SENT	1,057	(843)
	,, RECEIVED	251	(368)
5.	CONTACTS MADE WITH OUTSIDE ORGANISATIONS :		<i>Cases</i>
	Portsmouth Corporation Departments	96	(67)
	Police Headquarters	25	(35)
	Other Local Authorities	23	(35)
	Church Army	7	(13)
	Other Voluntary Societies, <i>e.g.</i> , N.S.P.C.C., Dr. Barnardo's Homes, etc.	55	(42)
	Hospitals and Clinics.	43	(43)
	Private Doctors	7	(—)
	Naval Authorities	18	(—)
	Miscellaneous	17	(17)
		<hr/>	<hr/>
		291	(252)
		<hr/>	<hr/>

WORK OF THE TUBERCULOSIS SERVICE

By the Senior Chest Physician.

NATIONAL HEALTH SERVICE ACT

The outstanding event of the year has been the transfer of this Service to the Regional Hospital Board, under the new Act. The Medical Officers were transferred to the Board, but their appointment is a joint one with the Portsmouth City Council so that liaison with the Medical Officer of Health may continue to be as complete as possible.

The Health Visitors remain wholly under the Medical Officer of Health, because the Local Authority is still responsible for the domiciliary aspects of the work.

MEDICAL STAFF

The Assistant Chest Physician, Dr. Donnelly, left in May after which the work had to be continued by two doctors, with the help of a locum, for some four months, when Dr. Nelly Landau was appointed. She is an experienced physician and we are glad to welcome her to the Staff: my thanks are due to both Dr. Landau and Dr. White for their hard work and their co-operation: it has been a hard year in many ways, and much extra work has, of course, been caused by the changes under the New Act.

DEATH RATE

The death rate for 1948 was 0.6 per 1,000 of the population and shows a decrease compared with 1947.

This is compared with that for 1947 in Table 1 below:—

TABLE 1.

	Rate for Respiratory	Rate for Non-Respiratory	Total rate
1948 ..	0.54	0.06	0.60
1947 ..	0.64	0.09	0.73

TABLE 2.

DEATHS BY YEARS

	RESPIRATORY			NON-RESPIRATORY			TOTAL		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1944 ..	80	61	141	9	12	21	89	73	162
1945 ..	83	46	129	13	12	25	96	58	154
1946 ..	79	50	129	5	7	12	84	57	141
1947 ..	84	60	144	10	10	20	94	70	164
1948 ..	69	51	120	7	3	10	76	54	130

TABLE 3.
DEATHS BY AGE GROUPS

AGE GROUP	RESPIRATORY		NON-RESPIRATORY		COMBINED		GR. TOTAL
	M.	F.	M.	F.	M.	F.	
0-1	1 (-)	1 (-)	- (2)	- (-)	1 (2)	1 (-)	2 (2)
1-4	- (-)	- (-)	1 (-)	1 (2)	1 (-)	1 (2)	2 (2)
5-14	- (1)	- (1)	2 (3)	- (1)	2 (4)	- (2)	2 (6)
15-24	3 (7)	13 (17)	2 (2)	1 (4)	5 (9)	14 (21)	19 (30)
25-34	8 (16)	17 (23)	1 (-)	- (1)	9 (16)	17 (24)	26 (40)
35-44	15 (20)	7 (6)	- (2)	1 (1)	15 (22)	8 (7)	23 (29)
45-54	22 (15)	7 (6)	- (-)	- (1)	22 (15)	7 (7)	29 (22)
55-64	12 (17)	6 (4)	1 (-)	- (-)	13 (17)	6 (4)	19 (21)
65+	8 (8)	- (3)	- (1)	- (-)	8 (9)	- (3)	8 (12)
TOTAL	69 (84)	51 (60)	7 (10)	3 (10)	76 (94)	54 (70)	130 (164)

(Figures in brackets are those for 1947)

Of the 120 deaths from respiratory tuberculosis, a total of 11 cases (9%) were not notified during life.

INCIDENCE

It will be noted from the following tables that the number of new cases of respiratory disease notified has increased slightly, although the number of contact examinations has fallen, due to shortage of Health Visitors. The increase is probably due to the cases found by the Mass Radiography Unit.

TABLE 4
NOTIFICATIONS BY AGE GROUPS

AGE GROUP	*NEW CASES						
	RESPIRATORY		NON-RESPIRATORY		COMBINED		GR. TOTAL
	M.	F.	M.	F.	M.	F.	
0-1	1 (-)	- (-)	- (2)	- (-)	1 (2)	- (-)	1 (2)
1-4	1 (3)	1 (-)	2 (2)	- (2)	3 (5)	1 (2)	4 (7)
5-14	5 (13)	12 (11)	10 (15)	5 (10)	15 (28)	17 (21)	32 (49)
15-24	59 (61)	70 (72)	6 (3)	4 (6)	65 (64)	74 (78)	139 (142)
25-34	71 (62)	55 (45)	6 (3)	2 (2)	77 (65)	57 (47)	134 (112)
35-44	53 (44)	19 (20)	2 (3)	2 (-)	55 (47)	21 (20)	76 (67)
45-54	38 (30)	12 (11)	- (-)	- (1)	38 (30)	12 (12)	50 (42)
55-64	20 (23)	5 (8)	1 (-)	- (-)	21 (23)	5 (8)	26 (31)
65+	9 (7)	2 (4)	- (1)	- (-)	9 (8)	2 (4)	11 (12)
TOTALS	257 (243)	176 (171)	27 (29)	13 (21)	284 (272)	189 (192)	473 (464)

*Includes all primary notifications and new cases which came to the notice of the Medical Officer of Health by other means.

(Figures in brackets are those for 1947)

Comparison of these figures with those of previous years is shown below.

TABLE 5
NOTIFICATIONS BY YEARS

	1944	1945	1946	1947	1948
Pulmonary	404	498	450	414	433
Non-Pulmonary	37	62	77	50	40
TOTAL	441	560	527	464	473

Table 6 shows the number of cases on the Register in 1948: this has risen during the year, the figures for 1947 being shown in Table 7.

TABLE 6

SUMMARY OF CASES OF TUBERCULOSIS ON DISPENSARY REGISTER 1948

DIAGNOSIS	RESPIRATORY			NON-RESPIRATORY			TOTAL			GRAND TOTAL			
	ADULTS		CHILDREN	ADULTS		CHILDREN	ADULTS		CHILDREN				
	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.		
A. (1) No. of definite cases of Tuberculosis on Dispensary Register 1st January, 1948	1012	721	32	33	51	60	76	52	1063	781	108	85	2037
(2) Transfers from Authorities outside Portsmouth	43	24	-	-	2	-	1	2	45	24	1	2	72
(3) Lost sight of cases returned during the year	1	1	-	-	-	-	-	-	1	1	-	-	2
B. No. of New Cases diagnosed as tuberculosis during the year :-													
(1) CLASS A (T.B. minus)	124	102	5	13	-	-	-	-	124	102	5	13	244
(2) CLASS B (T.B. plus)	82	36	2	-	-	-	-	-	82	36	2	-	120
(3) NON-RESPIRATORY	-	-	-	-	13	8	11	3	13	8	11	3	35
C. No. of cases included in A and B written off the Dispensary Register during the year as :-													
(1) Recovered	10	18	1	-	2	2	3	1	12	20	4	1	37
(2) Dead (all causes)	77	51	1	1	4	3	4	1	81	54	5	2	142
(3) Removed to other Areas	36	28	1	1	-	1	-	3	36	29	1	4	70
(4) For other reasons	28	16	1	1	-	1	-	2	28	17	1	3	49
D. No. of definite cases of Tuberculosis on the Dispensary Register 31st December, 1948	1111	771	35	43	60	61	81	50	1171	832	116	93	2212

It may be of interest to compare the figures of those on the official register during recent years, which shows a steady rise :

TABLE 8

NUMBER OF CASES ON THE REGISTER AT 31ST DECEMBER

	1944	1945	1946	1947	1948
Respiratory	1581	1675	1781	1844	2003
Non-Respiratory ..	128	125	167	193	209
TOTAL ..	1709	1800	1948	2037	2212

THE CHEST CLINIC

As will be seen from the above tables, more work is coming to the clinic : the number of cases of active disease has risen, as has the number of cases on the Register. A total of 1,331 new cases were referred to the clinic by practitioners for diagnosis, treatment or advice. Thirteen clinics per week are held regularly and a rehabilitation clinic once a fortnight. All cases are seen by appointment.

The Almoner has her office at the Clinic which has also been the headquarters of the Voluntary Care Committee.

The clerical work includes the large volume of work involved in keeping the medical practitioners informed of the progress of their patients, and of reports on individuals referred : the maintenance of the Register of notifications and deaths : monthly, quarterly, annual and special reports : the making of appointments and the arranging of admissions to Sanatoria : and the filing of Health Visitors' reports, case notes and X-ray films. The clerical work has increased probably more than any other section of the work, especially in relation to the New Act, and an increase in staff would appear to be inevitable. Our thanks are due to all members of the Staff for the efficient way in which they have done their work in this difficult year.

CONTACT EXAMINATIONS

427 examinations of contacts were made during the year. This is a disappointingly low figure in relation to the number of new cases, and is in no small part due to shortage of Health Visiting staff. It is hoped that a much greater proportion of contacts will be examined in the future because a proposed additional clerical appointment will release one Health Visitor from attendance at five Clinics, and should enable them to give more time to this very important part of preventive medicine.

X-RAY EXAMINATION

Reference was made in the report for 1947 to the need for a screening plant : a new screening plant was in fact obtained and set up in the Infectious Diseases Hospital early in the year and has been in regular use ever since. This was an essential need, and was long overdue.

Toward the end of the year, a film shortage, general throughout the country, became apparent: this made the work of the Chest Physicians more difficult and caused a considerable extra volume of clerical work in altering times, places and numbers of X-ray appointments.

No. of X-ray examinations during 1948 :—

Saint Mary's Hospital	..	..	5,120
Royal Portsmouth Hospital	..	..	642
Mass Radiography Unit	..	..	549

This figure includes X-rays taken on new cases: if the latter are excluded, an average of 2.25 films a year were taken on those patients on the register: this is inadequate for proper control.

INSTITUTIONAL TREATMENT

There was no Sanatorium under the Council's direction for the treatment of non-respiratory tuberculosis, and such cases were sent for treatment to the Lord Mayor Treloar Hospital, Alton, for children, and in the case of adults, the Morland Clinics, Alton, and the Royal Sea-Bathing Hospital, Margate. Other cases, chiefly those requiring operation, were treated at Saint Mary's Hospital and the Royal Portsmouth Hospital.

With regard to respiratory cases, the in-patient facilities remained, as previously, in the Infectious Diseases Hospital and Langstone Sanatorium. Early in the year, however, thanks to the co-operation of the Medical Superintendent, Dr. McLachlan, and Miss Brown the Matron, an additional ward of 28 beds was opened. This called for a considerable amount of hard work by the Matron, but was of great benefit to the City. The increase brought the number of beds in Portsmouth to a total of 120. These cases are under the care of the Chest Physicians. There were also 25 cases in the Royal National Hospital, Ventnor.

A plea was made in the previous report for more beds for the chronic infectious type of case in a general hospital, in accordance with the recommendations made in the Ministry's 'Hospital Survey.' We do not appear to be nearer the realisation of this need, after transfer of the hospitals to the Regional Hospital Board, although these are early days. It is emphasised that, owing to the infectivity of the disease, whole families are at risk, and not merely the individual concerned.

The number of patients in hospital (1947 in brackets) was :—

4TH JULY, 1948		31ST DECEMBER, 1948	
In Portsmouth	128 Respiratory	129	(99)
Elsewhere	46 „	34	(49)
	36 Non-Respiratory	44	(33)

DETAILS OF ADMISSIONS WERE AS FOLLOWS :—

TABLE 9

	TOTAL		1947
	To 4.7.48	To 31.12.48	
No. admitted to Infectious Diseases Hospital	143	276	(163)
No. admitted to Langstone Sanatorium	45	88	(91)
No. admitted to Ventnor	13	22	(35)
No. admitted to Saint Mary's Hospital	11	15	(40)

The numbers for the Infectious Diseases Hospital and Langstone Sanatorium reflect the truth of the remarks previously made about infectivity, as well as reflecting the rise in the numbers given specialised treatment: many cases have to be admitted solely for isolation, as a preventive measure.

A scheme for priority of admission has been in force this year, which has worked successfully: it is used as a general guide, and not as a rigid rule, and takes account of age, social and housing conditions, infectivity, prognosis and the need for specialised treatment.

SPECIALISED TREATMENT

All forms of minor surgical measures to obtain adequate collapse are given in the City's hospitals. Cases requiring major surgical procedures, such as thoracoplasty, are sent elsewhere.

TABLE 10

(Figures in brackets are for year ending 31.12.47)

	1/1/48 to 4/7/48	5/7/48 to 31/12/48	TOTAL	
No. A.P. inductions	19	22	41	(42)
No. P.P. inductions	22	22	44	(24)
No. Phrenics	35	48	83	(31)
No. Thoracoscopies and Adhesion sections	13	13	26	(38)
Refills	3,000 approx.	3,000 approx.	6,000	(6250)

CONSULTANTS

Mr. Noel F. Adeney, F.R.C.S., has continued to give the benefit of his experience and has seen cases considered suitable for thoracoplasty.

Dr. A. K. Miller, Medical Superintendent of the Royal National Hospital, Ventnor, has continued to visit us, and has performed the thoracoscopies referred to in Table 10, at Saint Mary's Hospital.

Dr. Geoffrey Todd, C.V.O., O.B.E., F.R.C.P., has kindly seen cases and has given us the benefit of his great experience.

Mr. E. S. Evans, F.R.C.S., of the Lord Mayor Treloar Hospital, Alton, has kindly seen non-pulmonary cases and advised as to treatment.

The Medical and Surgical Consultants to the Corporation have been of great assistance to us. Dr. J. C. Prestwich, M.R.C.P., has been called to see medical and other cases, and Mr. P. Moloney, F.R.C.S., has performed all the phrenic operations referred to in Table 10, at Saint Mary's Hospital.

We are indebted to Dr. R. C. W. Staley, Radiologist, who has always been available for consultation.

Since the "appointed day" the same arrangements have been in force, but proposals have been made to the Medical Advisory Committee that an additional Physician(s) be appointed 'as required.' The Survey Board will have recommendations to make on this aspect of the work.

TREATMENT ALLOWANCES

Financial grants have been made to patients in certain categories under the Ministry of Health's Memo. 266/T. This is of great benefit to patients whose earning capacity is stopped by the necessity for treatment, and criticism can be made only on the grounds that the categories of patients

who qualify for the allowance is too limited and that the allowance is by no means generous. On 5th July, this work was taken over by the National Assistance Board, but the Almoner still keeps check of the finances and assists the Board and the patient.

TABLE 11.
GOVERNMENT MAINTENANCE GRANTS
TO 4TH JULY, 1948

No. receiving Grant 31/12/47	..	..	..	167
Added 1948	..	..	..	65
				<hr/>
				232
Discontinued 1948	..	..	..	35
				<hr/>
No. receiving Grant 4/7/48	..	..	..	197
				<hr/>
Net amount paid to patients during period 1st January—4th July, 1948	..			£5,956 17s. 6d.

This sum was reimbursed in full from the Ministry.

STREPTOMYCIN UNIT

A Streptomycin Unit was set up in the Infectious Diseases Hospital partly for respiratory tuberculosis and partly for meningeal and miliary tuberculosis. The pulmonary cases have been under the care of Dr. White and Dr. Landau and the Unit has done very valuable work.

Cases for admission from outside the Portsmouth area are reviewed by the Chest Physicians, Portsmouth, and if considered to be probably suitable for streptomycin therapy are admitted for observation before treatment is commenced.

LABORATORY WORK

Specimens are now sent to the Portsmouth and Isle of Wight Area Pathological Service. The number of sputum tests done, to 4th July, 1948, was 1,065 of which 191 were positive (18%): 2,188 for the year (18%).

NATIONAL HEALTH SERVICE ACT Section 28 of the Act

It is very difficult to separate the work into compartments, since all parts of the Service, including the Mass Radiography Unit, are working together to the same end—the prevention and treatment of Tuberculosis.

Certain items which come under this Section are the responsibility of the Local Authority, and are dealt with under this section, although the Services were actively functioning before the 4th July.

ALMONER

The Clinic commenced the year without a qualified Almoner, Miss Webber leaving in January, 1948, to our great regret. Miss Harrison, of the Clinic Staff, took over the work and carried it out most efficiently until November, 1948, when Mrs. Jeram joined the Staff as qualified Almoner: we extend a cordial welcome to her.

The Almoner's work is one of the most valuable parts of the fight against tuberculosis, and much good work has been done by Miss Webber in helping patients with occupational therapy materials, grants, provision of bedding and clothing, etc., in addition to investigation of family circumstances for the Chest Physicians and other numerous tasks. The Almoner works in the closest touch with both Doctor and Voluntary Care Committee.

OCCUPATIONAL THERAPY

A trained Occupational Therapist commenced work on a part-time basis in January. After July, one session per week was devoted to out-patients, three sessions being given to hospital patients. This appointment has been a great success and has been of very valuable assistance in the treatment of patients, who have had an expert teacher, and who have had a greater variety of materials with which to work.

HEALTH VISITORS

The Staff of Visitors is below complement, and this has shown itself in the reduced proportion of contacts examined during the year. This is a very serious result, and can be corrected only by an adequate staff. There are no Tuberculosis Visitors as such, in the City.

Advice is given to patients about the prevention of the spread of infection, and about general hygiene, regular visits being paid to the household, and reports made to the Chest Physician about factors concerning the environment or progress of the patient which might otherwise not come to his notice. It is by this invaluable visiting that contacts are named, and for whom examination is arranged.

The Visiting Staff are to be congratulated on the fact that some 3,624 visits were paid during the year but it is felt that more attention must be paid to contacts, to help to prevent the spread of infection.

HOME HELPS

Due to the shortage of sanatorium beds and the increasing need for patients to undertake treatment at home, a large number of them need to take advantage of the Local Authority Scheme for Home Helps. The Home Help Organiser has co-operated very closely with the Almoner at the Chest Clinic in making Home Helps available very promptly in the most urgent cases.

VOLUNTARY CARE COMMITTEE

This active and very important voluntary body has continued its excellent work. It still holds pride of place as the County Borough which collects more money by the Seal Sale, than any other. Funds, since 4th July, have been helped by a grant from the Portsmouth City Council; this grant cannot be used for financial payments to patients and will be used for the provision of an office, the necessary furnishings, stationery, etc., and possibly an organising Secretary, so that the work may be further expanded.

During the year some £1,500 has been spent in financial aid to necessitous patients, whose cases are thoroughly investigated by one of the Sub-Committees before any grant is made. Much useful work has been done by the provision of a library, and by visits to patients both in home and hospital: patients have the knowledge that they need not suffer undue hardship if the Government Grants are insufficient to meet their particular need.

During the year, the Hospital Management Committee took over the stock of occupational therapy material from the Care Committee which had hitherto paid for such stock, collecting the money from the patients by instalments where necessary, up to the cost price. The Care Committee, which, with Miss Webber, was responsible for starting the occupational therapy, is still of great assistance to patients in this matter; Ministry rules make it necessary for material to be paid for in advance, and such a payment would, in many cases, be impossible without the Care Committee.

MASS RADIOGRAPHY

By the Director.

A.—GENERAL

ADMINISTRATION

Until July 5th, the Unit was administered by the Portsmouth City Council: on this date it was taken over, with the Tuberculosis Service, by the Regional Hospital Board, the City Council acting as Agents on behalf of the Board for two or three months.

The day-to-day management of the Unit was then vested in the Portsmouth Hospital Management Committee, matters of policy being the responsibility of the Board: this caused some comment in Portsmouth. Since then (1949) the whole administration has been taken over by the Board, the Hospital Management Committee acting as Agents.

AREAS SURVEYED

The Unit has spent a much larger proportion of the year at its headquarters in the City. It went to Bournemouth, at the request of the latter, on the 12th April, returning to Portsmouth on the 9th July. It has not been possible to divide the statistical section into two parts—before and after July 4th—and as the figures for Portsmouth are for Portsmouth residents in the huge majority of cases, such a division does not seem to serve any useful purpose. Of the total examined, some 27,500 came through the Unit prior to July 5th.

After the holiday period, during which the Unit again worked at low pressure, as in recent years, a request was made that the Unit should visit Havant for their Health Week (25th October to 2nd November).

The only other outside survey was undertaken at Eastleigh, from the 19th November to the 13th January, 1949. This report includes only that part of the Eastleigh survey which took place before the 1st January, 1949. A full report for the whole Eastleigh period is in preparation for the Medical Officer of Health. The Medical Officer of Health of each of the other two areas has received a copy of a report for his area.

Thus the Unit spent some seven months of the year in Portsmouth.

HEADQUARTERS

On its return from Bournemouth the Unit was installed in its newly built headquarters in the grounds of Saint Mary's Hospital. The building is a semi-permanent one, with pre-fabricated concrete joists and concrete floors, and is brick-faced: it was designed for the purpose of housing the Mass Radiography Unit and is the first building in the country to be designed and completed as a headquarters for a Unit.

Although on the small side, with inadequate storage space, it has proved very satisfactory in use and the City Council are to be congratulated on their foresight in preparing plans, and the City Architect for carrying them out.

NATIONAL HEALTH SERVICE ACT

It is a great advantage that the Unit can now examine any individual, regardless of place of domicile: much use has been made of this change, in the second half of the year, by practitioners outside the City, and it has eased the difficulties of arranging for the examination of Dockyard employees:

PORTSMOUTH

A feature of the Public Sessions was the huge response to the advertised General Public Sessions, in which 6,893 individuals were examined. Many waited for over two hours in the queues. I think that this fact is important as it goes far to disprove the critical statement which is sometimes made that the main reason that individuals come through a Unit is because they get time off from work for the purpose.

An increasing number of individuals are being kept under radiological observation and when necessary examined clinically. At the time of writing this report, the number of individuals under observation is 254.

GENERAL PRACTITIONERS

Owing to the greater length of time spent in Portsmouth, the practitioners of the City have been able to make greater use of the facilities offered by the Unit, and have been actively encouraged to do so, some 500 individuals having been so referred in the seven months.

The availability of an X-ray is a most important part of a National Health Service, and can, and indeed does, play a big part in the prevention of the spread of Pulmonary Tuberculosis. Such patients, like all others who come through the Unit, are examined clinically if the X-ray suggests that this is advisable. The doctor who refers a case is sent a written report on each case, regardless of the findings.

This feature of the work is proving to be increasingly popular: cases are now being referred at the rate of about 1,700 per annum.

CHEST CLINIC

The Unit has carried out more work for the Chest Clinic during the year, again owing to the greater time spent in Portsmouth.

The number of contacts X-rayed by miniature has risen, and some 550 large films were taken on Clinic patients. When evening sessions at one of the General Hospitals were stopped, the Unit undertook one evening session per fortnight for the Clinic, and this arrangement has continued.

APPARATUS

A mobile dark-room van was delivered towards the end of the year. It was in poor condition, but was not replaced. It will now be possible to visit areas where the electricity supply is of the wrong type or the mains supply of low amperage: a further advantage is that the expense of the construction of a dark-room will no longer be necessary.

During the year a Servicing Contract was signed with the manufacturers. The apparatus has given some trouble, and is probably beginning to feel its age, but in spite of this the quality of the results is still improving.

STAFF

My thanks are due to all members of the staff for their hard work and loyal co-operation. As will be seen from the Statistical Section, the number of completed examinations has again risen: this would not have been possible without harder and more efficient work, for which I am very grateful. The fact that this Unit is a 'full-clinical' one has, of course, caused an increase in the medical aspect of the work also.

CO-OPERATION OF MEDICAL OFFICER OF HEALTH

The fact that the Unit has changed its administrative head will make no difference to the co-operation between it and the Medical Officer of Health. I would like to take this opportunity of thanking all who have worked with us in making the Unit successful, especially the Medical Officer of Health and his staff and the Health Services Committee of the City Council. I would also like to express my thanks to all who have helped, including employers of labour, school teachers, the local press and, of course, the public.

It is hoped to continue and to improve the work under the new administration, which should give greater scope, and I would ask for the continued co-operation of all concerned.

PREVENTION

The best way to tackle the problem of Tuberculosis is by prevention, and after much needed attention to housing problems and to economic-social problems, the regular X-raying of the population is the most important way, at the present time, of preventing disease : by this means the infectious case can be found and isolated, and the early case found and treated or kept under observation.

B.—STATISTICAL

This section is in two parts : (1) For Portsmouth for the year ; (2) For the work in all areas.

1. PORTSMOUTH

TABLE I
NUMBER OF EXAMINATIONS COMPLETED

	By Miniature	Further, by Large Film	Further, by Clinical Exam.
Male	11,165	718 or 6.4%	208 or 1.9%
Female	12,496	843 or 6.7%	185 or 1.5%
Combined	23,661	1,561 or 6.6%	393 or 1.7%
1947	7,874*	417 or 5.3%	129 or 1.6%

* Gross figure

The numbers given under large film in this Table do not include those being kept under observation.

TABLE II
NUMBER OF CASES SHOWING EVIDENCE OF PULMONARY
TUBERCULOSIS
(ALL TYPES)

	No.	Cases of	Cases of	Total P.T.
Male	11,165	51	402	453 or 4.1%
Female	12,496	71	381	452 or 3.6%
Combined	23,661	122	783	905 or 3.8%

TABLE III
NUMBER OF CASES OF ACTIVE PULMONARY TUBERCULOSIS
BY TYPE OF DISEASE

	No. Examined	Primary	Post-Primary		Tub. Effusion	Total	Rate per 1,000	
			Unilat.	Bilat.			1948	1947
Male	11,165	6	31	12	2	51	4.6	4.7
Female	12,496	8	39	20	4	71	5.7	5.2
Combined	23,661	14	70	32	6	122	5.2	5.0

TABLE IV
NUMBER OF CASES OF ACTIVE PULMONARY TUBERCULOSIS
BY AGE GROUPS

Age Group	No. Examined		Cases		Rate per 1,000 Examined		Rate for 1947	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 15	1,499	1,405	6	7	4.0	5.0	*	*
15 - 24	2,753	5,156	14	39	5.1	7.6	*	*
25 - 34	2,519	3,281	9	15	3.6	4.6	5.3	3.4
35 - 44	2,106	1,532	6	6	2.8	3.9	4.5	2.1
45 - 59	1,907	945	14	4	7.3	4.2	} 5.8	5.1
Over 60	381	177	2	-	5.2	-		
Total	11,165	12,496	51	71	4.6	5.7	4.7	5.2
Combined	23,661		122		5.2		5.0	

* The Ministry of Health age-grouping has been used for this report, but the comparative figures are shown in Tables 5 (a) and (b) following

From Table IV it will be seen that there is a slight rise in the incidence rate compared with 1947, which, in turn, showed a similar rise compared with 1946.

TABLE V (a)
MALES

Age Group	1948		1947		1946	
	No. Examined	Rate	No. Examined	Rate	No. Examined	Rate
Under 17	2,670	3.7	1,214	2.5	1,791	1.7
17 - 24	1,582	6.3	517	7.7	176	17.0
25 - 34	2,519	3.6	951	5.3	251	8.0
35 - 44	2,106	2.8	661	4.5	207	4.8
Over 45	2,288	7.0	694	5.8	238	12.6
Total	11,165	4.6	4,037	4.7	2,663	4.5

TABLE V (b)

FEMALES

Age Group	1948		1947		1946	
	No. Examined	Rate	No. Examined	Rate	No. Examined	Rate
Under 17	2,485	5.2	864	2.3	1,546	5.8
17 - 24	4,076	8.1	1,192	10.1	731	8.2
25 - 34	3,281	4.6	888	3.4	598	1.7
35 - 44	1,532	3.9	479	2.1	405	2.5
Over 45	1,122	3.6	394	5.1	352	2.8
Total	12,496	5.7	3,817	5.2	3,632	5.0

C.—COMMENT

The rise in the total incidence rate is due chiefly to the greater rate in the female sex, and each female age group under 45, except the 17-24, shows a rise compared with 1947: the 17-24 age group, however, still shows the appallingly high rate of over 8 cases for each thousand examined (10 in 1947 and 8 in 1946).

65% of all cases of active disease in women, as shown by these figures, occur below the age of 25 years: the corresponding figure for 1947 was 70% and for 1946, 83%.

Each female age group, except the over 45, shows a higher incidence than the corresponding rates for men.

The highest incidence of active pulmonary tuberculosis in men is in the over 45 age group: the Unit's findings for Portsmouth are no exception, a rate of 7 cases per 1,000 examined being found in this group (7.3 in the 45-59 group). This is higher than in 1947 (5.8). As opposed to the trends for women, each age group under 45 shows a fall in the incidence rate, compared with 1947, except the under 17 group, which continues the trend seen in the 1946-7 figures by showing a rise.

I do not think that any significant conclusion can be reached in these figures, but the trends will be watched.

39% of all male cases found were under the age of 25 (as opposed to 37% in 1947 and 50% in 1946).

The rise in the total amount of active tuberculosis is not a feature which should cause anxiety. It is possibly due in part to the fact that more use has been made of the Unit in 1948 by the practitioners of the City in referring cases already attending them: it would be natural to expect a higher proportion of disease in such cases than among the apparently fit population.

TABLE VI
SOME OTHER ABNORMALITIES

Abnormality	Male	Female	Combined
TOTAL BONY	177	198	375
This includes :—			
Cervical Rib	6	33	39
Klippel-Feil Syndrome	1	—	1
PULMONARY :—			
Atypical Pneumonia	10	2	12
Bronchitis and Emphysema	31	17	48
Bronchiectasis	15	3	18
Non-Tuberculous Fibrosis	44	12	56
Pneumokoniosis	2	—	2
Air Cyst	1	—	1
PLEURAL :—			
Non-Tuberculous Effusion	2	4	6
Pleural Involvement	212	118	330
NEW GROWTHS :—			
Carcinoma	2	—	2
Osteoma	2	—	2
CARDIO-VASCULAR	56	61	117
This includes :—			
Dextro-cardia	2	—	2
Failure	2	—	2
MISCELLANEOUS :—			
Azygos Lobe	15	16	31
Foreign Bodies	10	1	11
Sarcoidosis	—	2	2
Diaphragmatic Hernia	—	1	1
Eventration	2	1	3
Oesophageal Abnormalities	2	1	3

B.—STATISTICAL

2. ALL AREAS

TABLE VII
NUMBER OF EXAMINATIONS COMPLETED

	Portsmouth	Bournemouth	Eastleigh	Havant	Mental Hospital	Total
Males	11,165	6,781	3,465	465	430	22,306
Females	12,496	6,089	1,348	780	586	21,299
Combined	23,661	12,870	4,813	1,245	1,016	43,605

TABLE VIII
EXAMINATIONS PERFORMED
BY YEARS

	1944		1945		1946		1947		1948	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
No. of Miniatures	6,830		22,351		38,895		40,688		43,605	
No. of Large Films	649 (9.5%)		1,753 (7.8%)		2,571 (6.6%)		2,761 (6.8%)		2,858 (6.5%)	
No. of Clinical Examinations	120 (1.8%)		683 (3.1%)		1,197 (3.1%)		876 (2.1%)		710 (1.6%)	

TABLE IX
NUMBER OF CASES SHOWING EVIDENCE OF PULMONARY TUBERCULOSIS
(ALL TYPES)

Area	No. Examined		Cases of Active P.T.		Cases of Inactive P.T.		Total P.T.	
	M.	F.	M.	F.	M.	F.	M.	F.
	Portsmouth	11,165	12,496	51	71	402	381	453	452
Bournemouth	6,781	6,089	14	12	367	276	381	288
Eastleigh	3,465	1,348	10	2	218	57	228	59
Havant	465	780	4	2	23	24	27	26
Mental Hospital	430	586	34	4	48	68	82	72
Total	22,306	21,299	113	91	1,058	806	1,171	897

TABLE X
 NUMBER OF CASES OF ACTIVE PULMONARY TUBERCULOSIS
 BY TYPE OF DISEASE

Area	No. Examined		Primary		Post-Primary				Tub. Effusion		Total		Rate per 1,000 Examined	
	M.	F.	M.	F.	Unilat.		Tub. Bilat.		M.	F.	M.	F.	M.	F.
					M.	F.	M.	F.						
Portsmouth	11,165	12,496	6	8	31	39	12	20	2	4	51	71	4.6	5.7
Bournemouth	6,781	6,089	2	1	6	3	6	5	-	3	14	12	2.1	2.0
Eastleigh	3,465	1,348	1	-	4	1	5	1	-	-	10	2	2.9	2.5
Havant	465	780	1	-	3	1	-	1	-	-	4	2	8.6	2.6
Mental Hospital	430	586	-	-	17	1	15	2	2	1	34	4	79.1	6.8
Total	22,306	21,299	10	9	61	45	38	29	4	8	113	91	5.1	4.3
Total for 1947	25,464	15,155	1	5	M. 77: F. 49				6	3	84	57	3.3	3.8
Portsmouth 1947	4,037	3,817	-	-	M. 18: F. 18				1	2	19	20	4.7	5.2

TABLE XI.
NUMBER OF CASES OF ACTIVE PULMONARY TUBERCULOSIS—BY AGE GROUPS.

	Under 15		15-24		25-34		35-44		45-59		Over 60		Total		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	C.
Portsmouth															
Number Examined	1,499	1,405	2,753	5,156	2,519	3,281	2,106	1,532	1,907	945	381	177	11,165	12,496	23,661
Number of Cases	6	7	14	39	9	15	6	6	14	4	2	—	51	71	122
Rate per 1,000	4.0	5.0	5.1	7.6	3.6	4.6	2.8	3.9	7.3	4.2	5.2	—	4.6	5.7	5.2
Bournemouth															
Number Examined	342	409	1,387	2,364	1,657	1,203	1,460	1,036	1,603	856	332	221	6,781	6,089	12,870
Number of Cases	1	2	4	5	4	3	2	1	2	—	1	1	14	12	26
Rate per 1,000	2.9	4.9	2.9	2.1	2.4	2.5	1.4	1.0	1.2	—	3.0	4.5	2.1	2.0	2.0
Eastleigh															
Number Examined	282	315	768	545	904	233	683	140	713	96	115	19	3,465	1,348	4,813
Number of Cases	—	—	5	1	—	1	1	—	4	—	—	—	10	2	12
Rate per 1,000	—	—	6.5	1.8	—	4.3	1.5	—	5.6	—	—	—	2.9	1.5	2.5
Havant															
Number Examined	90	142	74	238	103	145	89	132	82	97	27	26	465	780	1,245
Number of Cases	1	—	—	1	—	—	—	1	—	—	—	—	4	2	6
Rate per 1,000	—	—	—	—	—	—	—	—	—	—	—	—	8.6	2.6	4.8
Mental Hospital															
Number Examined	27	15	30	22	48	42	72	91	137	192	116	224	430	586	1,016
Number of Cases	1	—	3	—	5	—	8	1	13	1	4	2	34	4	38
Rate per 1,000	37	—	100	—	104	—	111	11	95	5	34	9	79	7	37
Total for 1948															
Number Examined	2,240	2,286	5,012	8,325	5,231	4,904	4,410	2,931	4,442	2,186	971	667	22,306	21,299	43,605
Number of Cases	9	9	26	46	19	19	17	9	34	5	8	3	113	91	204
Rate per 1,000	4.0	3.9	5.2	5.5	3.6	3.9	3.9	3.1	7.7	2.3	8.2	4.5	5.1	4.3	4.7
Total Rate less Mental Hospital	3.6	4.0	4.6	5.5	2.7	3.9	2.1	2.8	4.9	2.0	4.7	2.3	3.6	4.2	3.9
Total for 1947															
Number Examined	7,004*	7,537*	6,151	3,349	5,636	2,375	6,673	1,894	25,464	15,155	40,619				
Rate per 1,000	3.0*	5.0*	3.4	3.0	3.0	2.1	3.7	2.1	3.3	3.8	3.3	3.8	3.3	3.8	3.5

*Corresponding figures for 1948, less Mental Hospital, are:—

Male 7,195 : Rate 4.3.

Female 10,574 : Rate 5.2

C.—COMMENT

The statistics for the year are roughly comparable to those of 1947, the figures for Active Tuberculosis in Bournemouth being slightly lower than the total non-industrial areas surveyed in 1947, almost the same number being X-rayed in each.

In spite of this, the rate of incidence is raised in 1948 in each sex, exclusive of the Mental Hospital findings: in males the rise is in extremes of the age grouping (under 25 and over 45): in females each age group shows a rise, except the over 45, which remains the same.

The rate for Bournemouth is lower than the non-industrial areas surveyed in 1947: that for Eastleigh (1948) is nearly half the 1947 rate: these facts imply that (the Mental Hospital findings being excluded and the Havant totals being very small) the rise is due to the Portsmouth findings; this can be seen in detail in Table X.

The figures for males show the usual trend of a high rate in the under 25 age group, then falling and followed by the highest rate in the over 45 group. Those for females show their peak in the 15-25 group as usual, falling as the age rises. Some comment on the Portsmouth figures is made under that section.

BOURNEMOUTH

The rate for all males is the same as in 1946, that for women showing a fall from 3 per 1,000 to 2 per 1,000.

The age group rates, as previously, do not correspond to the usual distribution, although 58% of all female cases found were under the age of 25 years.

EASTLEIGH

The rates fell, for males, from 4.5 to 2.9 per 1,000 and for females from 4.3 to 2 per 1,000. This may be due to the fact that in the 1947 survey a considerable amount of disease was found in a large factory: the same factory in 1948 had a much reduced incidence. I feel that the 1947 survey was responsible for this reduction, by the finding of the infectious individuals and referring them for treatment.

MENTAL HOSPITAL

The Mental Hospital surveyed, as the figures show, had a very high rate of disease among the male patients, the rate for females being only slightly raised above the average.

The rise in incidence rate does not necessarily mean that the amount of tuberculosis is increasing: as stated in the comments on the Portsmouth figures, it may well be due to the increased use made of the facilities available, by general practitioners.

MATERNITY AND CHILD WELFARE

*By the Senior Assistant Medical Officer of Health
(Maternity and Child Welfare).*

MATERNAL MORTALITY

The maternal mortality rate showed an increase from 0.76 per 1,000 births in 1947 to 1.50. An analysis of the causes of all maternal deaths is as follows :—

Uraemia, chronic nephritis, pregnancy	1
Cerebral haemorrhage, general pre-eclamptic toxaemia, pregnancy	1
Acute cardiac failure due to multiple air emboli (Caesarian Section)	1
Fulminating puerperal infection	1
Eclampsia, pregnancy	1
Shock due to haemorrhage from ruptured ectopic gestation of about 4 months	1
Cardiac failure consequent on multiple pulmonary emboli and sub-endocardial haemorrhage as a result of prolonged labour	1

All cases were under strict supervision during pregnancy.

INSTITUTIONAL ACCOMMODATION

Since the introduction of the National Health Service Act on the 5th July, 1948, Saint Mary's Hospital has been under the jurisdiction of the Portsmouth Group Hospital Management Committee. The number of beds now in use for maternity cases is 83, and the average duration of stay is 10 days.

The number of women confined in Hospital during the year was 2,071 as compared with 2,041 in 1947—of this number 1,000 were confined during the period 1st January to 5th July.

There has been an increase in the demand for Hospital beds since 5th July owing to this service being free. The great majority of Hospital beds are allocated to those cases with :—

1. abnormal obstetrical history,
2. obstetrical emergencies during pregnancy,
3. housing conditions where a domiciliary confinement is undesirable.

ATTENDANCE AT ANTE-NATAL AND POST-NATAL CLINICS

There was a slight decrease in the number of patients attending the Municipal Ante-Natal Clinics in 1948, namely, 1,553 as against 1,799 in 1947. During the year these patients made a total of 10,527 attendances as against 11,420 in 1947. Of these attendances 5,844 were made between 1st January and 5th July, and 4,683 between 5th July and 31st December.

This decrease, which occurred mainly in the last quarter of the year, is the result of expectant mothers engaging the services of their own National Health doctors to attend them during their pregnancy and confinement. Unfortunately, this appears to have resulted in diminished ante-natal supervision of the expectant mother. Close co-operation between the National Health maternity doctor and the midwife is absolutely essential if the expectant mother is to have the best possible care, and every effort is being made to bring about this desirable result.

DOMICILIARY SERVICE OF MIDWIVES

The domiciliary service of midwives continues to act most satisfactorily. The number of cases delivered by individual midwives per annum is 73.1.

Domiciliary midwives are now in charge of their cases for 28 days after delivery of the baby. In normal cases 3 visits are paid during the third week and 2 visits during the fourth week. It is hoped in this way to increase materially the number of breast-fed babies.

The demand for sterile accouchement sets, now issued free under the National Health Service Act, continues to increase.

An emergency maternity outfit is now available in the district in exceptional circumstances.

GAS AND AIR ANALGESIA

The administration of gas and air analgesia continues to increase in popularity; the percentage of cases to which analgesia was administered in 1948 was 74.2, as compared with 58.4 in 1947.

All the midwives on the staff of the Domiciliary Service are trained in the administration of gas and air analgesia.

INFANT MORTALITY

There was a marked decrease in the number of deaths of infants under one year per thousand live births, namely, 23.28 as compared with 33.40 in 1947.

The decrease of infant deaths occurs principally in the three main categories, namely prematurity, broncho-pneumonia and gastro-enteritis.

PREMATURE BIRTHS

Premature children have again been given special supervision by the Health Visitors.

The total number of premature babies notified during 1948 was 137 (259); 40 (95) of these were born at home and 137 (164) in nursing homes and hospital. Of those born at home, none (2) died during the first 24 hours and 37 (73) were still surviving at the end of one month. Of those born in hospital or nursing home, 7 (12) died during the first 24 hours and 86 (141) survived at the end of one month.

OPHTHALMIA NEONATORUM

During the year there were 15 cases of ophthalmia neonatorum, of which 5 cases were admitted to hospital. In no case was there any resultant impairment of vision.

HEALTH VISITING

The number of Health Visitors on the staff is inadequate to deal with the vastly increased duties of the Health Visitors as defined in Section 24 of the National Health Service Act. Visits to mothers and children and cases of tuberculosis continue to be given priority in the work done by the Health Visitors.

The total number of visits paid by Health Visitors to children under five years during 1948 was 31,912, as compared with 23,498 for the previous year.

The Health Services Committee introduced an 'assisted course' for students, and two candidates commenced training at the Battersea Polytechnic in January, 1948.

In October, 1948, the University College, Southampton, commenced a course for the training of Health Visitors. The City of Portsmouth shares with four other authorities the responsibility of providing lecturers and practical work as well as the cost of the course. In view of this course it was decided to discontinue sending pupils to Battersea and from January, 1949, they will attend the University College, Southampton.

MATERNITY HOME HELP AND DOMESTIC HELP SCHEMES

With the advent of the National Health Act these two schemes became amalgamated under Section 29 (Domestic Help). It was decided locally to name the combined service 'The Home Help Service.' A whole time Home Help Organiser was appointed, commencing duty on 4th October, 1948, and it was soon obvious how such an appointment is necessary for the efficient organisation of a Home Help Service. Visiting by the Organiser in the homes of applicants for Home Helps has shown that there is a wide field of service in this branch of work, notably with regard to the aged and those suffering from Tuberculosis. Recruits to the service have increased satisfactorily, and plans are now in hand to establish courses of training, thereby increasing the efficiency of the service. The Association of Municipal Corporations scale of assessments was adopted on the 9th November, 1948.

An analysis of the statistics of the Home Help Service for the year 1948, is as follows:—

Number of Home Helps at the end of the year ..	76
Number of cases helped during the year ..	394
Number of hours worked during the year ..	50,528½
Number of Maternity cases helped (figure included in total number of cases)	84
Number of hours worked for Maternity cases (included in total number of hours worked) ..	4,109½

INFANT LIFE PROTECTION

This scheme continues to act as previously and visiting of boarded-out children and registered foster mothers continues to be carried out by this department until this section of the work is transferred to the Children's Committee.

Constant supervision of these homes is regularly maintained and the rule that these children are brought to the Child Welfare Clinics monthly for medical examination is strictly enforced.

SUPPLY OF VITAMINS

Facilities continue to be available at the Child Welfare and Ante-Natal Clinics for the issue of vitamins, etc. as supplied by the Ministry of Food.

The uptake in Portsmouth of orange juice (vitamin C) is 37.9% (30.8%) of the potential and that of A and D tablets is 40.2% (37.1%). There has been an improvement in the uptake of Government cod liver oil which was 33.5% of the potential, as compared with 27.8% last year.

Vitamin preparations in more palatable forms than those issued by the Ministry of Food are available at the Child Welfare centres and the demand for these is very great.

DAY NURSERIES

Admissions to the local Day Nurseries at (a) Garfield Road, (b) Cliffdale, London Road, Cosham, (c) St. Peter's Institute, Somers Road, (d) Twyford Avenue, and (e) Anglesea Road, continued throughout the year. There was a notable rise in the number of applications received and towards the end of the year 619 children were on the waiting list. This increasing demand for accommodation reflects the confidence which the public have in the high standard of care and attention which children receive in such establishments.

MATERNITY AND CHILD WELFARE STATISTICS

MIDWIVES

The practice of the midwives during the year was satisfactory, and the inspection of midwives' bags, books, appliances was carried out regularly.

	1948	1947
Number of Midwives practising in the City on December 31st	37	41
Total number of cases attended	2,499	3,182
Number of cases attended as Midwives	1,993	2,572
Number of cases attended as Maternity Nurses ..	506	610
No. of Midwives' cases in which Medical assistance was sought	633	887
Showing a percentage of	31.8	34.0
Amount paid by Local Authority to Medical Men in respect of above attendances	£1,572	£1,351

DOMICILIARY SERVICE OF MIDWIVES

	1948	1947
Number of Municipal Midwives employed in Portsmouth ..	18	20
Number of cases booked	1,641	1,940
Number of patients delivered	1,293	1,710
Excluding holidays and sickness :		
Percentage of cases per Midwife per month	6.1	7.3
Equivalent percentage of cases per Midwife per annum	73.1	87.4
Average weekly number of bookings	31.6	37.3

ANTE-NATAL AND POST-NATAL CLINICS

Details of the work carried out at the Council's Ante-Natal and Post-Natal Clinics during the year are given below :—

	ANTE-NATAL				POST-NATAL			
	No. of Patients		Attendances		No. of Patients		Attendances	
	1948	1947	1948	1947	1948	1947	1948	1947
Fratton (five Clinics weekly)	971	1255	6575	8132	555	557	555	557
Cosham (one Clinic weekly)	380	324	2443	1839	—	—	—	—
Portsea (one Clinic weekly)	202	220	1509	1449	—	—	—	—
Saint Mary's Hospital (eight Clinics weekly) ..	2960	2873	24953	25155	1372	1279	2803	2444
TOTALS	4513	4672	35480	36575	1927	1836	3358	3001

The number of patients attending Ante-Natal Clinics in Portsmouth represents 96.7 (84.1) per cent of the women confined during the year.

CHILD WELFARE CENTRES

The number of attendances, new cases and children seen by the Medical Officer at the Child Welfare Centres functioning during the year are as set out below :—

	Attendances	New Cases	Seen by the Medical Officer
Fratton (two afternoons per week)	15,053	1,027	1,562
Epworth Road (one afternoon per week) ..	10,910	600	826
Cosham (one afternoon per week)	6,715	474	1,010
Drayton Institute (one afternoon per week)	5,335	275	812
Eastney (two afternoons per week)	18,630	747	1,812
Portsea (one afternoon per week)	5,994	362	798
Stamshaw (one afternoon per week)	9,016	442	909
Tangier Road (one afternoon per week— commenced January 26th)	4,803	222	545
TOTALS	76,456	4,149	8,274
TOTALS for 1947	74,058	4,840	8,678

Dried Milk was issued from the Child Welfare Centres to expectant mothers, nursing mothers and infants, at a total cost of £9,405 (£9,427). Of this sum £6,991 (£7,601) was recovered from the patients.

Attendances at Child Welfare Centres during the year 1948 classified according to the age of the child concerned, were as follows :—

Children from 0 to 1 year of age	59,739
„ 1 to 2 years of age	11,530
„ 2 to 5 years of age	5,187
Total	76,456
Total for 1947	74,058

DAY NURSERIES

The following are the statistical details relating to the five Day Nurseries already established in Portsmouth :—

	Admissions during the year	No. on Register at 31st Dec.	Awaiting Admission 31st Dec.
GARFIELD ROAD DAY NURSERY (Complement 40)	40	39	} 596 Total
CLIFFDALE DAY NURSERY (Complement 60)	75	50	
ST. PETER'S DAY NURSERY (Complement 46)	67	38	
TWYFORD AVENUE DAY NURSERY (Complement 40)	48	37	
ANGLESEA ROAD DAY NURSERY (Complement 35)	37	31	

INSTITUTIONAL TREATMENT OF MATERNITY CASES

	Saint Mary's Hospital	Royal Naval Maternity Home
No. of Maternity beds (exclusive of isolation and labour)	83	17
No. of Patients admitted	2,085	233
Average duration of stay	10 days	14 days
No. of cases delivered by—		
(a) Midwives	1,859	208
(b) Doctors	212	18
Cases in which Medical Assistance was sought by Midwife (up to 5th July, 1948)	172	Doctor always available
No. of cases notified as Puerperal Pyrexia	11	—
No. of cases of Pemphigus Neonatorum	—	—
No. of Infants not entirely breast-fed while in Institution	283	14
No. of cases notified as Ophthalmia Neonatorum	—	2
No. of Maternal deaths	6	—
No. of Foetal deaths—		
(a) Stillborn	81	5
(b) Within 10 days of birth	29	5

HOME VISITING

The Health Visitors paid 33,242 (24,155) visits during the year:—

	Total Number of Visits	
	1948	1947
First Visits	6,223	5,834
Subsequent visits to Children from 0 to 1 year of age	7,058	5,898
" " " from 1 to 2 years of age	6,474	4,062
" " " from 2 to 3 years of age	4,558	2,694
" " " from 3 to 5 years of age	7,599	5,010
Visits to Expectant Mothers	4	—
Other visits	1,326	657

INFANT MORTALITY, 1948

NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES
UNDER ONE YEAR OF AGE

Cause of Death	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total Deaths under 1 year
Whooping Cough .. .. .	..	..	..	..	..	..	1	..	..	1
Miliary Tuberculosis .. .. .	..	..	..	..	..	1	..	1	..	2
Cerebral Haemorrhage	2	..	..	..	2	..	..	..	..	2
Bronchitis .. .. .	..	..	..	1	1	3	..	1	..	5
Pneumonia	3	1	..	2	6	7	6	2	2	23
Gastro-Enteritis .. .. .	..	..	2	..	2	2	3	2	..	9
Intussusception .. .. .	..	..	..	..	..	..	1	..	..	1
Congenital Malformations	5	1	1	..	7	..	..	3	1	11
Prematurity	22	3	1	1	27	..	..	..	..	27
Injury at Birth	2	2	1	..	5	..	..	..	..	5
Atelectasis	9	1	..	..	10	..	..	..	..	10
Haemorrhagic Disease of the Newly Born	1	..	..	..	1	..	..	..	..	1
Erythroblastosis Foetalis	1	..	..	..	1	..	..	..	..	1
Violence .. .. .	..	..	..	..	..	2	2	..	1	5
Other Causes .. .. .	..	..	..	..	..	1	2	..	..	3
TOTALS ..	45	8	5	4	62	16	15	9	4	106
Previous Year (1947)	68	8	6	4	86	30	34	15	7	172

SOCIAL WORK AT THE HEALTH DEPARTMENT

By the Almoner.

It will be seen from the statistics that the social work at the Health Department falls roughly into three categories. Although each will be mentioned under a separate heading, there can be no definite line of demarcation between them. Adoptions are obviously very much interwoven with the care of mothers and illegitimate children, and a detailed analysis of miscellaneous cases would show that the main problems facing that group are very similar to those which occur in the lives of the unmarried mothers.

On the whole there has been a slight decrease in the volume of work, especially during the second half of the year. This is firstly due to the fact that the illegitimate birth rate as quoted by the Registrar, has fallen from 64.9% per thousand births in 1947 to 64.7% in 1948, and secondly because a number of miscellaneous cases have been referred to outside agencies who could more appropriately deal with their needs.

CARE OF MOTHERS AND CHILDREN

Of the 401 cases registered as needing help during 1948, 208 were already known to the Almoner from previous years. The remaining 193 were new registrations.

A number of unmarried mothers were followed up throughout pregnancy, and advice and help were given wherever possible, but many cases of illegitimacy were not discovered until the baby was registered. This invariably applied when a woman was co-habiting with the putative father, although actually married to someone else. A home visit was paid in the case of each new illegitimate birth notified by the Registrar. This form of contact is very valuable and sometimes forms the basis of a good relationship which is maintained over a long period. The problems of couples living together are usually less acute than those experienced by the single girl, and it is often necessary to do little more than to give them an introduction to the service at their disposal should they be in need of help at any time.

One serious problem affecting single girls is the extreme difficulty they experience in trying to find accommodation to which they can return with their babies when they are discharged from hospital. Very frequently their landladies are willing to accommodate them if alternative plans can be made for the children. In view of the shortage of foster mothers this is often very difficult, and the voluntary children's homes will rarely consider an application from a mother who has only one child to support. A mother and baby hostel is, therefore, urgently needed in the City.

NATIONAL INSURANCE

1948 has witnessed the dawn of the new National Insurance Scheme. Undoubtedly the benefits enjoyed by most of the contributors have been a tremendous help, and this is especially so in the case of an unmarried mother who has to give up her work for some weeks before and after her confinement.

The group of women who do not benefit from this are those who have not worked for sometime and are, therefore, not able to obtain Maternity Benefit on their own insurance and cannot claim it on that of the man with

whom they are living because they are unable to produce a marriage certificate. Although they are often eligible for benefit on their husband's insurance they are not usually able to supply the necessary particulars when making a claim, especially if they have been living apart for sometime. For these people it is often difficult to provide the necessities for the new baby. This is further accentuated in cases where a couple are co-habiting and the man is already having to pay a maintenance allowance for his legal wife and children.

FOSTER MOTHERS

During the past year foster mothers have been as difficult as ever to find, and even when a baby is placed, the problems are not necessarily solved. As soon as the foster mother has some domestic difficulty of her own, she asks for the child to be removed, and the search for a suitable home begins all over again.

COT AND PRAM FUND

Eight prams and two cots have been donated to the Department throughout the year. A number of these have been sent out on loan and several have been given free of charge to necessitous mothers.

Five gifts of money have been received and we are extremely grateful to the benefactors. Owing to the very small amount of capital, the Fund has been used only in cases of emergency. As far as possible patients are encouraged to buy second-hand cots and prams with the money that they receive from their increased Maternity Benefit. The need for a Fund, however, still exists, as there are a number of people who are unable to obtain help elsewhere. It is recommended that its function be extended to cover grants towards blankets, sheets and other necessities of this kind.

In the past the W.V.S. Clothing Centre have been exceedingly generous in providing help in this way, but now that gifts from the Dominions are not so frequent, the stocks are becoming very low and the help that they are able to give is correspondingly reduced.

ADOPTIONS

Very frequently the first reaction of a single girl when she realises that she is going to have a baby is that she will get it adopted. When the matter is fully discussed and her responsibilities towards the child are pointed out, she begins to realize that there are facilities which will enable her to keep her child. This, together with the fact that fewer married women have had illegitimate children since their husbands have returned from the forces, has been reflected on the falling figures of adoptions arranged by this Authority.

The 65 enquiries relative to adoption, which have been received throughout the year, have entailed a considerable amount of work, although only 13 children have actually been placed with prospective adopters.

Statistics will show the number of applications withdrawn or not considered suitable. The waiting list, however, still remains, as the demand continues to exceed supply. Girls for adoption are much more sought after than boys, as a rule, but only two out of the thirteen children placed during the past year were girls. This is largely accounted for by the fact that an unmarried mother will often be persuaded to keep a girl but finds it less difficult to part with a boy.

MISCELLANEOUS SOCIAL WORK

A variety of applications for help and advice are dealt with under this heading, but the Almoner's main function is to provide a liaison between the patient and voluntary agency. Help has been afforded to women whose husbands have left them, families of the unemployed, prisoners' wives, and several chronic invalids. We are greatly indebted to the Lord Mayor, Family Welfare Association, Soldiers', Sailors' and Airmen's Families Association and the Glasspool and Wilkinson's Charities London, who have so generously provided grants for the necessitous families in the City.

STATISTICS RELATING TO THE WORK OF THE ALMONER

1.	NUMBER OF CASES REGISTERED AS NEEDING HELP	557	(701)
2.	NUMBER OF VISITS PAID	656	(797)
3.	NUMBER OF INTERVIEWS	3,175	(3,208)
4.	NUMBER OF LETTERS DEALT WITH—Reports sent ,, received	1,523	(1,588)
		660	(852)
5.	NUMBER OF CASES IN WHICH HELP AND ADVICE WERE GIVEN	424	(723)

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

By the Senior Dental Officer

It has not so far been possible to carry out the ministerial recommendation contained in Circular No. 118/47 to secure joint user with the Education Committee of the School Dental Service ; in fact the present depleted and fluctuating staff of the School Dental Service is inadequate to give full treatment to the children actually at school, and prospects of appointing new Dental Officers at the present salary scale are very poor. Thus no changes have been made in the Dental Service during the year.

It seems, however, that women attending the Ante- and Post-Natal Clinics have not experienced much difficulty in obtaining treatment under the General Dental Service scheme. In this respect Portsmouth was fortunate in having 63 dental practitioners working in the service on 1st January, 1949. For various reasons, 336 women were treated at the Dental Clinics conducted by Mr. Lawrence at Saint Mary's Hospital, and details of the treatment given submitted by him are appended.

The nearest approach to the Ministry's recommendation that there is any chance of making in the near future would be to make available a routine dental examination for women attending Ante-Natal Clinics, without obligation on either side. The desirability of this is obvious. Any potential source of infection likely to interfere with the normal course of pregnancy could be pointed out to the patient and the obstetrician informed. Likewise, the patient would be informed of any carious cavities, which although painless at the time of the examination, would become painful during the next 12 months. The patient could then arrange for treatment with the practitioner of her choice under the General Dental Service.

The position regarding children under five is rendered more difficult by the reluctance of some dental practitioners to treat them. Those asking for treatment, or referred by a Medical Officer have been treated in about equal proportion by the School Dental Service and at Saint Mary's Clinic. Those requiring a general anaesthetic were referred to Saint Mary's Hospital where the facilities are better.

Applications for dental treatment of children under five come in irregularly, so special sessions are not allocated by the School Dental Service for their treatment ; thus, the records of treatment given etc. have, up to the present, been returned with those of school children. As these figures are relatively small, about 1% of the total attending, keeping separate records was not considered important. A reasonable estimate would be 150—200 pre-school children attending ; some only for advice, others for treatment of an ulcer or incision of the gum, or for extraction of a tooth with local anaesthesia.

SAINT MARY'S HOSPITAL DENTAL CLINIC

Dental treatment provided for Expectant and Nursing Mothers.

TREATMENT	NO. OF PATIENTS	
	1 Jan.-4 July	5 July-31 Dec.
Extractions under Anaesthetic..	169	167
Local Extractions	4	6
Dressings	4	3
Fillings	17	9
Scaling	4	4
Gum Treatment	7	7
Dentures Supplied	22	8

Dental treatment provided for Children.

TREATMENT	NO. OF PATIENTS	
	1 Jan.-4 July	5 July-31 Dec.
Extractions under Anaesthetic..	89	70
Fillings	3	1
Dressings	1	1

SAINT MARY'S HOSPITAL

By the Acting Medical Superintendent.

The work of the Hospital has steadily increased as is evidenced by the figures of admissions to the various Departments. Owing to the fact that more acute cases were admitted the average length of stay decreased, but the problem of finding accommodation for the chronic sick is still with us. The Maternity Department has met all the demands made upon its services and it is almost impossible to enlarge this excellent unit. Our thanks are due to the Authorities in charge of Queen Alexandra Hospital, Cosham, who allowed us still to encroach upon their accommodation. Without this assistance it would have been impossible to have segregated the various categories of patients admitted. The Out-Patients' Department has been working to full capacity and clinics are held every day of the week. The Hospital Authorities are still awaiting more accommodation for the Nursing Staff and the matter is being pressed to the utmost. Great praise is due to the Nursing, Domestic and General Staff for their admirable work, without which it would have been impossible to keep the Hospital occupied to full capacity. The question of accommodation for mental patients is still a matter of deep concern and it is hoped to find some means by which overcrowded conditions in the wards can be obviated.

STATISTICS FOR 1948

BEDS

1.	Total bed complement	..	1,124
2.	No. temporarily unavailable on 31.12.48		29
3.	Daily occupation (a) Average over year		994
	(b) Highest in year		1,060 (21.11.48)
	(c) Lowest in year		899 (4.8.48)

IN-PATIENTS

4.	No. in hospital on 31.12.48	..	919
5.	No. discharged or died during year		9,883
6.	Average length of stay (days)		31.9
7.	No. of births during year (a) Live		2,009
	(b) Still		81

OUT-PATIENTS

8.	No. of new patients during year	..	13,464
9.	Total attendances		40,058

MUNICIPAL AMBULANCE AND MEDICAL CAR SERVICE

STATISTICS RELATING TO THE PERIOD 1ST JANUARY TO 31ST DECEMBER,
1948

				Number of Calls	Mileage Covered
SAINT MARY'S HOSPITAL :					
Patient Carrying	..	..	..	7,940	45,247
Miscellaneous ..	..	..	..	3,019	24,292
INFECTIOUS DISEASES HOSPITAL :					
Patient Carrying	..	..	..	1,189	8,881
Miscellaneous	..	..	..	688	3,339
LANGSTONE SANATORIUM AND CHEST CLINIC :					
Patient Carrying	..	..	..	1,672	12,301
Miscellaneous	..	..	..	1,484	6,153
ROYAL PORTSMOUTH HOSPITAL :					
Patient Carrying	..	..	..	2,868	27,247
EYE AND EAR HOSPITAL :					
Patient Carrying	..	..	..	183	2,271
ST. JAMES' HOSPITAL :					
Patient Carrying	..	..	..	125	917
NURSING HOMES AND MUTUAL AID :					
Patient Carrying	..	..	..	181	9,790
CHILDREN TO CLINICS	..	..	..	58	967
ACCIDENT SERVICE	..	..	..	1,050	6,859
ALL OTHER SERVICES	..	..	..	5,098	56,377
				<u>25,555</u>	<u>204,641</u>
PREVIOUS YEAR	..			19,243	146,073

PORTSMOUTH VICTORIA NURSING ASSOCIATION

STATISTICS FOR 1948

	NURSES' HOME		TOTAL
	RADNOR HOUSE	BEDDOW HOUSE	
Number of Nurses employed for visiting (average)	15	15	30
Minimum in any one month	12	13	
Maximum in any one month	19	19	
Number of cases visited in 1948			
(a) Maternity cases	10	12	22
(b) Pre-School Children	482	229	711
(c) School Children	80	43	123
(d) Tuberculosis cases	34	11	45
(e) Other cases.. .. .	1,361	1,010	2,371
Total	<u>1,967</u>	<u>1,305</u>	<u>3,272</u>
Total number of visits in respect of these cases :			
(a) Maternity	61	148	209
(b) Pre-School Children	3,106	1,844	4,950
(c) School Children	313	203	516
(d) Tuberculosis cases	664	683	1,347
(e) Other cases.. .. .	32,209	29,709	61,918
Total	<u>36,353</u>	<u>32,587</u>	<u>68,940</u>

MENTAL HEALTH SERVICES

By the Executive Officer.

1—ADMINISTRATION.

The Local Health Authority's duties relating to the prevention, care and after-care of cases of mental illness and mental defectiveness, under Section 28 of the National Health Service Act, 1946 and the associated provisions of the Lunacy and Mental Treatment Acts, 1890-1930 and Mental Deficiency Acts, 1913-38, are vested in the Health Services Committee which has appointed a sub-Committee (the Mental Health Committee) for the detailed oversight of these matters, as provided for in the National Health Service Act. This Committee, which meets once monthly, is composed of nine members of the City Council (one being a lady member), with the addition of two ladies co-opted for their experience and interest in mental health matters.

The Minister of Health has approved of the operation of a joint-user principle between the Local Health Authority and the Regional Hospital Board, under which the Physician Superintendent of St. James' Hospital, Portsmouth, is the Medical Director of the Mental Health Service of the Local Health Authority. The Management Committee of St. James' Hospital has undertaken the provision of the specialist medical and lay staff of the service and, by agreement with the Local Health Authority, recovers from the latter a proportion of the cost, as these Officers function both for the Management Committee (as psychiatric and mental health social workers for St. James' Hospital) and for the Local Health Authority in community care, as duly authorised officers, and in mental deficiency administration and supervision.

The supervision of patients on trial and licence from the mental hospital is performed by the staff of the service on behalf of the Management Committee, and the supervision of patients on licence from the local mental deficiency institution likewise in agreement between the respective Management Committees. The Mental Health Committee undertakes the oversight of the detailed work entailed by the latter function on behalf of the Management Committee of the Institution.

Thus, with the duties under Section 28 of the National Health Service Act, 1946 (see below), the entire problem of mental health in the community, from every aspect, devolves upon the Service, and the joint-user principle ensures continuity of the in- and out-patient treatment and after-care facilities of the Regional Hospital Board and the community care of the Local Health Authority.

None of the duties is delegated to a Voluntary Association.

The staff of the Service is as follows :—

Medical Director

Deputy Medical Director

Executive Officer (lay administrative assistant, petitioning officer, duly authorised officer).

Senior Psychiatric Social Worker (also assistant petitioning officer and duly authorised officer).

Three Psychiatric Social Workers (two employed at Child Guidance Clinics but also duly authorised officers).

Three Mental Health Social Workers (fully occupied as duly authorised officers).

Two Mental Health Social Workers (general mental health social work).

A varying number of trainees.

OCCUPATION CENTRE STAFF

Supervisor, four assistants, handicraft instructor, handicraft instructress.

TRAINING

The Service accepts untrained mental health social workers and is able to avail them of the direction and advice of qualified psychiatric social workers. The following trainees are at present engaged as temporary members of the staff :—

One trained social worker, seeking experience in mental health social work before proceeding to a University course in psychiatric social work.

Two external social science students, obtaining social work experience and working as mental health social workers.

Also, in arrangements with London and Edinburgh Universities, three students undergoing a psychiatric social work course have each been present for eight weeks' practical training, and six social science students from London, Manchester and Southampton Universities have received periods of practical case-work under supervision with a view to gaining an insight into the relationship of mental health to general social work.

2—ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

(a) *Under Section 28, National Health Service Act, 1946.*

The Service is able in its joint-user status to avail persons in community care, where necessary, of the in- and-out patient treatment facilities of the Regional Hospital Board at St. James' Hospital and its associated clinics, and to continue, as required, the community care of patients, completely discharged from Hospital or no longer deemed to be in need of out-patient treatment as a feature of after-care. The following is a statement of the work of the service in connection with 'prevention' and 'after-care' (Section 28 of the National Health Service Act 1946) :—

In the six months 5th July 1948 to 5th January 1949, 33 new cases were referred direct to the Mental Health Service, excluding mental deficiency referrals. Of these, 17 were ex-service psychiatric casualties referred through the Regional Hospital Board or the National Association for Mental Health. Seven patients were sent by other social work agencies in the City and surrounding areas ; in five cases the patients' relatives sought advice, in three the patients came themselves and one referral came from the Ministry of Labour. An average of two patients a week discharged from further attendance at St. James' Hospital Out-Patient Clinic were advised by the psychiatrists who had been treating them to seek advice on specific problems in social re-adjustment. During the six months an average of 21 visits a week were paid by social workers to or on behalf of patients referred as above.

(b) *Under the Lunacy and Mental Treatment Act, 1890—1930.*

As from the 5th July, 1948, 205 cases were brought to the notice of duly authorised officers, by the end of the year. Of these, 83 were admitted by them direct to observation wards under Section 20 of the Lunacy Act, 1890; 59 were admitted to such wards under orders made by justices under Section 21 of the Lunacy Act, 1890; 20 were admitted direct to mental hospitals under Section 16 of the Lunacy Act, 1890; 7 were admitted to mental hospitals on urgency Orders; 8 were interviewed and persuaded to become voluntary patients under Section 1 of the Mental Treatment Act, 1930, and in 28 cases the justices to whom notice was given considered no action under the Lunacy Act, 1890 was required.

(c) *Under Mental Deficiency Acts, 1913—1938.*

During the year, 37 cases of mental defect were ascertained by the Local Health Authority and found 'subject to be dealt with.' A further 31 cases were reported but were not found 'subject to be dealt with, at the time of referral, but are recorded by the Local Health Authority as cases for which it may subsequently become liable, and are under 'voluntary' supervision. Of the cases 'subject to be dealt with', disposal was as follows:—

(a) Admitted to institutions	..	..	14
(b) Placed under guardianship	..	..	6
(c) Detained in a 'place of safety'	..	..	1
(d) Placed under statutory supervision	..	..	16

At the end of 1948 there were 14 defectives awaiting vacancies in institutions by waiting list, and a considerable number not accepted for waiting lists through the accommodation shortage, though very much in need of institutional treatment.

At the end of the year there were 145 mental defectives maintained under guardianship and 187 under statutory supervision. A further 331 were under 'voluntary' supervision as not being 'subject to be dealt with.'

An Occupation Centre for mental defectives is in daily operation in the City, from Mondays to Fridays. There are 67 patients on the register, mostly of low grade feeble-minded and imbecile grade of both sexes suitable for training in association with one another, being divided into a general class and a senior male class. Instruction is given in sense training, elementary handicrafts, reading and writing and physical training. Mid-day meals are provided at the Centre, and transport is provided for the collection and dispersal of patients attending. In addition a senior female class of 12 meets on three afternoons a week at the Occupation Centre under the handicraft instructress, who also gives home teaching to suitable cases.

The handicraft instructress also conducts a senior female class on two afternoons a week at the local mental deficiency institution.

3—AMBULANCE SERVICES

The Mental Health Service avails itself of the Municipal Ambulance and Medical Car Service.

INSPECTION AND SUPERVISION OF FOOD

FOOD AND DRUGS ACT, 1931

During the year 1,431 samples were taken under this Act, and 113, or 7.9%, were found to be adulterated, incorrectly labelled, or otherwise unsatisfactory as compared with 7.0% in 1947. Of these 113 samples, 18 were formal samples and 95 informal or test samples.

Proceedings were instituted in five cases and fines and costs amounting to £36 18s. 6d. were imposed, ranging from £5 0s. 0d. to £14 4s. 0d. In 34 cases cautions were given by the Medical Officer of Health.

THE MILK (SPECIAL DESIGNATIONS) ORDERS OF 1936 & 1938

During the year 16 licences were issued for the sale of tuberculin tested milk and pasteurised milk, and one for accredited milk (producer-retailer).

29 samples of tuberculin tested (certified) and tuberculin tested milk were taken; 13 failed to pass the prescribed test.

121 samples of pasteurised milk were taken and 13 rejected, as they failed to pass the standard laid down for this type of milk. Of the 121 samples taken, 82 were as supplied to schools, of which 9 were unsatisfactory. 15 samples of tuberculin tested (pasteurised) milk were examined, all of which satisfied the regulations for this type of milk.

14 samples of accredited milk were taken from the one producer-retailer in the City, and it was found that two samples failed to comply with the standard for this type of milk.

12 samples of sterilized milk were examined, and all satisfied the regulations for this type of milk.

78 samples of heat-treated milk (flash method) were examined, and 9 failed to satisfy the regulations appertaining to heat-treated milk.

MILK

695 samples of milk were taken during the year; 55 were found to be adulterated and 111 not up to standard, the deficiencies being due to natural causes. Of this number 424 represented milk supplied by farmers to retailers in the City, of which 53 were found to be adulterated.

DRUGS

127 samples of drugs were taken, and 17 were found not to be in accordance with the standards or requirements laid down in the Food and Drugs Act, 1938, the Pharmacy and Medicines Act, 1941, and the Poisons and Pharmacy Act, 1933.

MERCHANDISE MARKS ACT, 1926

AND ORDERS IN COUNCIL MADE THEREUNDER

During the year 87 visits were made to business premises to see that the provisions of these Orders were being complied with. It was found that the Orders were being complied with by the numerous tradesmen in the City in a satisfactory manner.

REPORT OF THE VETERINARY OFFICER

DISEASES OF ANIMALS

ANTHRAX

Early in the year, the Ministry of Agriculture's returns showed a sharp rise in the number of confirmed outbreaks of this deadly disease. One has to keep constantly in mind the fact that Great Britain is never really free from Anthrax. I was immediately reminded of the possibility of its existence when a truck-load of cattle arrived at Cosham Station and a cow was found dead in the truck. The Station Master asked me to carry out a Post-Mortem examination in order to eliminate the danger of its having died from a notifiable disease. After a careful investigation I was satisfied that the animal was free from Anthrax, and gave instructions for its removal to a knacker's yard.

FOOT AND MOUTH DISEASE

No doubt the year 1948 can be described as a relatively fortunate one regarding Foot and Mouth Disease. The first confirmed outbreak was in September. Up till the 15th December, twelve outbreaks were confirmed compared with one hundred and three for a corresponding period in 1947. It flared up in Wiltshire in October and several outbreaks were confirmed in Hampshire during November. On the 20th December an outbreak was confirmed in West Sussex, and some of the meat arising from the outbreak came into Portsmouth. There was no reason to suspect its existence locally and fortunately throughout the year the City remained free from movement restrictions on susceptible livestock necessitated by outbreaks of disease.

SWINE FEVER

I consider 1948 has been a very satisfactory year relating to Swine Fever. On the 24th March, it was necessary to serve a notice under the Swine Fever Order 1938, on the manager of Paulsgrove Slaughter House relating to a suspicious casualty pig. The chief object in serving this notice was to direct the attention of the Ministry of Agriculture to the owner's other pigs located in premises outside the City. The Ministry of Agriculture did not issue a withdrawal notice until April, when this Local Authority was released from the Swine Fever Order restrictions. During the year, no outbreak was confirmed locally.

FOWL PEST

A number of visits have been made to various premises in response to notifications of the suspected existence of this disease. The last confirmed outbreak in the City was during August. According to the returns issued by the Ministry of Agriculture, with the exception of a slight setback in August, the Ministry has maintained throughout the year steady progress in the work of eradicating Fowl Pest in this country.

RABIES

A number of visits have been made under the provisions of the Importation of Dogs and Cats Order which is designed to prevent the entrance of Rabies again into this country. Great Britain has now been free from Rabies since 1922. It is true that several cases have been confirmed in dogs from abroad during the last two or three years, but fortunately all have been detected in the Ministry of Agriculture's kennels, while under the period of quarantine.

ANTE-MORTEM INSPECTION

Centralisation of the slaughtering greatly facilitated the practice of ante-mortem inspection and every opportunity was taken to carry this out.

PAULSGROVE SLAUGHTERHOUSE

The slaughterhouse operated from January till the end of October when it closed. During those ten months there was no interruption from any restrictions arising from the notifiable diseases. Throughout the years that slaughtering took place at Paulsgrove, meat inspection was carried out under difficult conditions. When Paulsgrove first opened during the war, obviously no consideration was given to the provision of proper facilities for meat inspection. Remembering these difficult circumstances, I wish to record my sincere appreciation for the efficient services and loyal support given me by the Detention Officers.

The following details furnished by the Ministry of Food are the approximate figures for the animals slaughtered at Paulsgrove from January to October 1948.

Beasts	Sheep and Lambs	Calves	Pigs	Total number of animals slaughtered
5,272	11,887	4,530	142	21,831

CARCASSES INSPECTED AND CONDEMNED

(JANUARY-OCTOBER 1948)	Cattle	Calves	Sheep and Lambs	Pigs
Number killed (if known)	5,272	4,530	11,887	142
Number inspected	5,272	4,530	11,887	142
ALL DISEASES EXCEPT TUBERCULOSIS :				
Whole carcasses condemned	Not known			
Carcasses of which some part or organ was condemned	Not known			
Percentage of the number inspected affect- ed with disease other than tuberculosis.. .	Not known			
TUBERCULOSIS ONLY :				
Whole carcasses condemned	84 (Majority for T.B.)			
Carcasses of which some part or organ was condemned	Not known			
Percentage of the number inspected affect- ed with tuberculosis	Not known			

Below are some details of interest relating to condemnations in connection with the beef kill :—

Ox Carcasses	Ox Full Offal	Ox Livers	Part Ox Liver	Sets Ox Lungs	Ox Heads and Tongues
84	84	1,418	8,684 lbs.	1,223	202

SLAUGHTERHOUSE BY-PRODUCTS

With centralised slaughtering being practised, I suggest that operations at Paulsgrove were bound to convince any impartial observer of the numerous and substantial economical advantages of this system over the wasteful one of many small units as private slaughterhouses. In my opinion the unbiased person should find no difficulty in observing the undoubted economical

advantages of centralised slaughtering, not only in the valuable materials it makes available to the pharmaceutical trade but in the increased production of other by-products both edible and inedible.

IMPORTED MEAT

During the year 2,462 lbs. of imported meat were condemned.

MEAT REGULATIONS, 1924

While it is true there was a good supply of steam at Paulsgrove Slaughterhouse, an important factor for cleansing and sterilising purposes, there was neither a satisfactory hanging room nor a detention room completely disconnected from the slaughtering operations. During November and December, most of our home killed meat came from Brighton. Criticisms were necessary relating to the conditions of some of the beef offals on arrival and some of the beef was affected with Bone Taint.

MILK PRODUCTION

Raw and accredited milk was produced locally, and during the year under review, no complaint reached me about either. Towards the end of the year the dairy farmer who produces accredited milk informed me that he was interested in tuberculin tested milk, and asked me for particulars to enable him to have his herd tuberculin tested.

So far, the appointed day for the commencement of the Food and Drugs (Milk and Dairies) Act, 1944 has not been announced.

FISH

The following is a list of the various species of fish relating to parcels surrendered after inspection and condemnation :—

Bloaters, bream, catfish, cod, crabs, dabs, dogfish, escallops, finnies, haddock, hake, halibut, herrings, kippers, ling, lobsters, mackerel, megrims, melts, mussels, plaice, prawns, salmon, shrimps, skate, trout, whelks, whittings, witches.

OTHER FOODSTUFFS

As in previous years, practically all kinds of foodstuffs, other than the fish, home killed and imported meat already mentioned, were handled under this heading. Canned goods were an important item, 25,380 tins being surrendered as unfit for human consumption following inspection.

DUTIES AT THE PORT

No clinical evidence of the existence of any notifiable disease was detected in livestock landing at the Port and all animals were able to proceed to their destinations.

FOOD AND DRUGS ACT, 1938

No seizure was necessary during 1948. All foodstuffs unfit for human consumption were dealt with by surrender.

CLEANSING AND HAULAGE DEPARTMENT

79 visits were made to the horses in the Corporation stables.

VISITS

1,765 visits were made during 1948, including 193 to the slaughterhouse, 175 to piggeries, 39 to farms, 94 to sausage makers, and 325 relating to complaints.

REPORT OF THE CHIEF SANITARY INSPECTOR

By W. F. Appleton, M.R.San.I., M.S.I.A.

STAFF

During the year under review, the authorised complement of the staff of Inspectors was never reached and difficulties in organisation were increased by appointments of short duration. The following appointments and resignations occurred :—

B. W. JAMES	Appointed	1. 1.1948	Resigned	9. 8.1948
E. G. RICKMAN	„	1. 1.1948	„	20.10.1948
A. R. PRICE	„	19. 7.1948	„	20.10.1948
B. HALL	„	23. 8.1948	„	30.10.1948
L. G. STRIBLEY	„	23. 8.1948	„	10.12.1948
A. HARVEY	„	9. 8.1948		
C. T. S. YOUNG	„	8. 9.1948		
K. D. ADCOCK	„	18.10.1948		
L. MORGAN	„	15.11.1948		

Two student Inspectors, E. Wright and D. Bush, were appointed on the 4th October, 1948, and this number is to be doubled at an early date.

GENERAL INSPECTION (Public Health Act, 1936)

3,822 complaints were received and investigation resulted in the issue of 2,264 notices. In 979 cases, Abatement Notices were served and although other action was taken in order to secure compliance with these notices, it was necessary to refer 46 cases to the Town Clerk for the institution of proceedings in accordance with decisions of the Committee. Of these cases 12 were settled prior to the date fixed for hearing and 28 were adjourned, sine die. Five orders were made requiring the completion of works set out within 28 days and one order similarly made within 56 days. Three of these orders were accompanied by a fine. Few notices were outstanding at the end of the year and in a number of these, the major requirements had been met.

COMMON LODGING HOUSES (Section 240)

Four inspections of the Common Lodging House were made, and on each visit the premises were found to be maintained in a satisfactory manner.

PUBLIC SEWERS (Section 23 & 39)

206 were notified to the City Engineer's Department as being obstructed or defective and were dealt with accordingly.

DRAINS (Section 48)

214 old drains were tested or retested.

DANGEROUS BUILDINGS (Section 58)

99 structures were notified to the City Engineer's Department as appearing to be dangerous.

SMOKE NUISANCES (Sections 101 & 106)

Four complaints of smoke nuisance created by business undertakings were received. In each case it was contended that the offence arose from conditions not under the control of the management, in that the type of fuel allocated to them was not suitable for their installations. Correspondence with the Ministry of Fuel and Power resulted in the necessary improvements being made and the removal of cause for complaint.

OFFENSIVE TRADES (Sections 107 & 108)

The tripe boiler operates under a temporary permission and regular inspections have disclosed that the work is carried on in a satisfactory manner.

TENTS, VANS AND SHEDS (Section 268)

The three sites concerned in the above were inspected on 16 occasions and found to be conducted in accordance with hygienic requirements. The co-operation of the City Police resulted in the removal of caravans and tent-dwellers from unauthorised sites on the mainland, whilst other changes of user of land were referred to the Planning Department.

POWERS OF ENTRY (Section 287)

Five notices of intention to enter and inspect premises were served upon the occupiers concerned. Admission was not subsequently refused and no application to the Justices was necessary.

SWIMMING POOLS, PUBLIC BATHS (Section 233)

During the open season, samples were taken from the swimming pool at Hilsea at fortnightly intervals, for examination by the Public Analyst as to the efficiency of the filtration and chlorination plant.

WATER SUPPLY

In addition to the samples taken for examination by the Public Analyst, two samples of raw water and two further samples after treatment of the water going into supply, are taken monthly by the Water Company. It is estimated that in all but a few instances, the supply is direct from the mains to the houses.

INFECTIOUS DISEASES (Sections 143—180)

362 cases were investigated. Surveillance was maintained over 43 contacts of Smallpox, Typhus and Poliomyelitis, notified as having entered the City. Terminal disinfection of 975 rooms was carried out by the Disinfectors.

In three of the four cases of Typhoid Fever in the City, investigation pointed to a polluted stream outside the boundaries and steps were immediately taken by the authorities concerned to trace the source of pollution and effect a remedy. Bacteriological specimens submitted from contacts totalled 54. Five known Typhoid carriers were subjected to routine check.

VERMINOUS PERSONS AND PREMISES

Following the notifications from various sources of persons found to be infested with scabies or pediculosis, 651 premises were inspected. 221 complaints of vermin in dwelling houses and other premises were dealt with and after investigation 452 rooms were treated by the Disinfector.

Advice was given to householders and others by the Sanitary Inspectors regarding the disinfection of premises from various insect pests, including bugs, fleas, flies, steam flies, furniture beetles, ants, silver fish, etc., etc.

NURSING HOMES

One property was surveyed prior to approval for use as above.

HOUSING ACT, 1936

For the purpose of furnishing 'permitted numbers,' 35 premises not included in the original survey, were measured up. Enquiries and requests for 'permitted numbers' concerning 258 other properties were dealt with.

PROVISIONAL REPAIRS

In order that certain essential works should be executed on properties included in Slum Clearance Schemes, letters were sent to seven persons having control of the premises concerned. This procedure is to be abandoned and replaced by the normal action under the Public Health Act.

FAMILIES INADEQUATELY HOUSED

10,329 applications were examined for the assessment of insanitary conditions under the points system. Investigations were made by the District Sanitary Inspectors in 2,001 cases, whilst co-operation continued with my colleagues in other authorities where applicants living outside the City claimed that their environment was sub-standard. Prior to the allocation of Council tenancies, 1,667 visits and inspections were made to verify lack of amenities and accommodation.

HOUSEBOATS

Seven vessels were approved for allocation of a mooring at the Eastern Road site and towards the end of the year, 17 houseboats were occupied and six were in process of conversion. 19 contraventions of the tenancy agreement were reported to the Town Clerk.

NEW BUILDINGS

Under the Portsmouth Corporation Act and the Building Bye-laws, 1,637 Occupation Certificates were issued. In dealing with this matter, 4,333 inspections were made to examine fittings etc. in new buildings.

TIMBER CONTROL

182 premises were visited and 148 certificates were issued to substantiate the allocation of timber to the respective applicants.

FOOD AND DRUGS (Food & Drugs Act, 1938)

PREMISES

Adequate surveillance of premises used for the storage, manufacture or preparation of food for consumption by the public has again not been practicable owing to staff difficulties. Liaison with the Food Office, however, ensures that no business is opened without a report being made to me that the requirements of the Act are met.

Posters and literature have been provided in connection with the National Campaign for cleaner food premises. The material provided has not always been displayed in such a way as to achieve the results aimed at and there is no doubt that visits paid by your Inspectors can accomplish much, in stressing the importance of personal cleanliness and general hygiene, and in this field alone there is much scope for their services.

Municipal Restaurants were inspected on seven occasions and two kitchens of the School Meals Service visited.

FISH FRIERS

The decision to release appropriate supplies with a view to the establishment of more fish friers resulted in a spate of applications for approval of premises and mobile vans, and the close co-operation which exists with the Food Office and the Planning Department resulted in the issue of eight licences.

ICE-CREAM

Three premises were registered for the manufacture of ice-cream and 52 premises were registered for the storage and sale of ice-cream. 138 samples were submitted for analysis with the following results:—

46	samples	were	Grade	1
43	„	„	„	2
19	„	„	„	3
30	„	„	„	4

It may be said that the industry is appreciative of the Health Department's insistence on personal and environmental cleanliness and where faulty manufacturing technique has been demonstrated in the laboratory, the follow-up visits are now anticipated and although some room for improvement exists, no serious contravention was reported from the 423 inspections which were made.

SHELLFISH

Three vendors of shellfish taken from the area of the Port Health Authority were visited for the purpose of confirming that their processes met all legal requirements. Publicity was given to the approved methods of sterilisation of shellfish and the penalties for contravention; and posters giving these details, were distributed to all fishmongers and shellfish vendors.

One of the latter concerned in an outbreak of bacterial food poisoning (the vehicle for which was presumed to be winkles) was prohibited from preparing shellfish in a council house.

FACTORIES ACT, 1937 & 1948

Factories on register at end of year 802.

CINEMATOGRAF ACT, 1909

All the cinemas and theatres in the City were inspected before certificates of approval were issued regarding sanitary conditions. In four cases, minor defects were observed and promptly remedied.

BURIAL ACT, 1857

Five faculties were granted under the authority of the Home Secretary for exhumation to take place in the City cemeteries. In each instance, the exhumation was attended by the District Sanitary Inspector to ensure that the requirements of the faculties were met and the removals effected with due regard to public health.

RODENT CONTROL

This section of the Department has been fully utilised throughout the year in dealing with complaints from private dwellings, business premises, lands and premises under the control of the City Council and the maintenance treatment of the sewers. In addition, the survey and treatment of the railway system within the City was carried out at the request of British Railways (Southern Region), by whom the cost was met. The generating station, offices and canteens of the Southern Electricity Board, were simultaneously dealt with.

On the 1st September, enquiry was made by the Commander-in-Chief whether the Council would, subject to Admiralty approval, undertake rodent control operations in the various naval establishments within the City. The Council agreed subject to the cost being met by the Admiralty, who have the matter under consideration at the present time, and none of it falling on rate funds.

DWELLING HOUSES AND BUSINESS PREMISES

Complaints were received concerning 2,340 private dwelling houses and 602 business premises. The resulting 'block control' operations necessitated test baiting of 33,962 premises and the subsequent treatment of 4,649 properties. The estimated kill was 19,193 rats, which is a marked decrease from the number killed in the previous year.

SEWERS

Two maintenance treatments were completed on the island and mainland sewers. On each occasion 3,117 sewer manholes on the island and 717 on the mainland were baited, the result showing that the sewers in the Cosham area are practically free from rats, whilst the island sewers are still somewhat heavily infested.

Island sewers—manholes visited, 3,117. Average kill 5,578 rats.

Mainland sewers—manholes visited, 719. Average kill 11 rats.

LOCAL AUTHORITY LANDS AND PREMISES

Controlled refuse tips, sewage disposal works, Anglesea Road, Southampton Road and Central Depots, Eastney Pumping Station, offices and canteens, schools, parks and open spaces, received attention and 131 treatments were given to these lands and premises.

Prior to the 1st April, grant aid to the extent of 60% of the cost incurred in dealing with private dwellings, was received from the Ministry of Agriculture and Fisheries, whilst the Council were responsible for the balance and also for the cost of dealing with their own lands and premises; whilst the occupiers of business premises paid the cost of treatments received.

After the 1st April, grant aid was provided to the extent of 50% of all of the cost of treating private houses and Corporation lands and premises. Under this scheme the occupiers of business premises will pay the cost incurred in the disinfection of their premises. Of the 50% of the cost of dealing with infestations of Corporation lands, premises and sewers etc., 44.2% was absorbed by the City Engineer's Department; 21.8% Cleansing and Haulage Department; 9.7% Publicity Department; 9.7% Education Department; 7.2% Parks Department; 7.4% all other departments.

MOSQUITO CONTROL

The staff of the British Mosquito Control Institute has continued with anti-mosquito measures throughout the year and surveillance has been kept on the known breeding grounds in the low-lying portions of the City. Undrained areas were oiled and resulted in the destruction of mosquito larvae.

Ditches in the Farlington marshes, Eastern Road and Western Road areas, have been kept clear of weeds and regraded where necessary with the result that these measures have made it possible to state that the complaints of mosquito nuisance during the year were negligible.

SUMMARY OF WORK REQUIRED TO BE CARRIED OUT BY NOTICES

Drains cleared	376
Drains repaired or relaid	82
Drains ventilated or ventilating shafts repaired	5
New water closet pans provided	280
Water closet fittings repaired	644
Flushing apparatus to water closet provided	9
Separate and additional sanitary accommodation provided	9
Water closets disconnected from workshops	3
Water closets screened from workshops	3
Water closets cleansed	7
Gratings provided to gully traps	2
Sink waste pipes repaired, trapped or renewed	142
New pedestal closet pans provided	280
Rainwater spoutings cleansed or repaired	931
Roofs repaired	1,431
Weather slating repaired or external walls protected	402
Floors, stairs or doors repaired	867
Sashes, lines, sills, glazing or sashframes repaired	1,059
Damp courses provided or repaired	37
Houses or parts of houses cleansed or distempered	43
Houses or parts of houses repaired	4,263
Sanitary dustbins provided	6
Dustchutes cleansed or repaired	1
Space beneath floors ventilated	51
Yards, stables, sties etc. repaved	76
Water supply laid on or water service repaired	46
Workshops or parts of workshops repaired	3
Cooking ranges or firegrates repaired or renewed	547
Other nuisances in dwelling houses abated	112
Manure and refuse removed	29
Animals removed	2
Bedding cleansed or destroyed	1
Bakehouses cleansed	9

SUMMARY OF INSPECTIONS

Complaints	3,822
Dwelling Houses Inspected	8,001
Revisits to work in progress	10,111
Common Lodging Houses Inspected	4
Drains tested	214
Smoke nuisances inspected	4
Infectious diseases inspections	362
Nursing Homes inspected	1
Tents, Vans and Sheds	16
Verminous persons houses inspected	651
Vermin infestations investigated	221
Dangerous buildings notified	99
Vessels inspected	3
Housing Act, inspections	119
Houses measured for permitted number	25
Council House applications investigated	2,001
Allocation visits	1,667
Houseboat inspections	26
Visits and inspections to New Buildings for Occupation Certificates	4,333
Shops inspected	46
Premises inspected for Sanitary Certificates	2
Timber Control Inspections	182
Inspection of Municipal Restaurants	7
School Meals Cooking Depots Inspected	2
Fish Friers premises (re New Licences)	43
Ice Cream premises	478
Shellfish premises inspected	3
Power factories and outworkers etc., etc.	628
Rodent Control inspections	395
Cinema inspections	30
Exhumations attended	5
Mosquito Infestations investigated	5

REPORT ON CLEANSING

I am indebted to the Manager of the Cleansing and Haulage Department for the following report on the Cleansing Service during the year :—

The Refuse Collection Service has been maintained throughout the City at weekly intervals during 1948. This year also saw the introduction of the 44 hour five day week and the change over took place smoothly and without any dislocation of the service. The long carry from prefabricated houses at Paulsgrove still engages attention but an early solution is looked for to prevent any further increase in the cost of the service.

The winter weather has been extremely mild and the use of the new Vee Blade Snow Plough has not been required. The two mechanical sweeper collectors continued to give satisfactory service.

The Salvage Returns still continue to maintain a high level and figures for 1948 were an improvement on 1947. The introduction of a separate collection of kitchen waste and waste paper and other salvageable material is showing good results. Three electric vehicles were purchased in 1948 and operate in three areas in close proximity to the Depot. Each householder is provided with a small bucket container for the storage of kitchen waste and a sand bag for waste paper and these are cleared thrice weekly. This scheme has proved so successful that it is hoped to extend the service to an additional six areas in 1949.

MUNICIPAL DISINFECTANT STATION

MANUFACTURE OF DISINFECTANT FLUID

	<u>1948</u>	<u>1947</u>
	Gallons	
Amount Manufactured	9,900	6,500
Issued to Public	3,355	3,204
Public Swimming Baths	6,520	3,210
Miscellaneous	25	28

PORT SANITARY AUTHORITY

To the Chairman and Members of the Port Sanitary Authority.

Ladies and Gentlemen,

I have the honour to present my Report of the work of the Port Sanitary Authority of Portsmouth during the year 1948.

JURISDICTION OF THE PORT SANITARY AUTHORITY.

The limits of the jurisdiction of the Port Sanitary Authority remain unchanged and are as set out in previous reports.

1. AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR.

TABLE A.

	No.	Tonnage	Number Inspect'd		Number reported to be defective	Number of vessels on which defects were remedied	Number of Vessels reported as having or having had during the voyage infectious disease on board
			By the Medical Officer of Health	By the Sanitary Inspector			
FOREIGN							
Steamers,							
Motor	164	29,958	1	62	9	9	Nil.
Sailing	—	—	—	—	—	—	—
Fishing	—	—	—	—	—	—	—
COASTWISE							
Steamers,							
Motor	912	263,101	0	114	32	32	Nil.
Sailing	—	—	—	—	—	—	—
Fishing	—	—	—	—	—	—	—
TOTAL							
Foreign and Coastwise	1,076	293,059	1	176	41	41	Nil.

The total number shows a decrease as compared with the previous year (1,256—tonnage 326,863).

II. CHARACTER OF TRADE OF PORT

There was no passenger traffic during the year.

Cargo Traffic. The principal imports were coal, cement, stone, oil, timber, building materials, tomatoes, onions, potatoes, cauliflower, citrus fruits, pears, peaches, nuts and general cargo traffic, from France, Italy, Holland, Belgium, Germany, Sweden, Finland, Norway and Channel Islands.

The principal exports were pitch, machinery, scrap iron and general cargo.

III. SOURCES OF WATER SUPPLY

The water used in the Docks is supplied by the Portsmouth Water Company. Vessels in dock are supplied from hydrants on the quay.

With regard to the supply of drinking water to ships arriving at and leaving the port, the following precautions are taken before water is supplied.

When the water is turned on it is allowed to run through the hydrants for a while and then the hose is connected and the water allowed to run through the hose in the same way. When the quantity of water needed has been supplied the hose is disconnected, the water allowed to run through, and the hose replaced in the store, where it is locked up safely. The hydrants are locked and covered up also, and the area in the vicinity of the hydrants and hose pipes is kept scrupulously clean by washing down.

IV. PORT HEALTH REGULATIONS, 1933

1. *Arrangements for dealing with Declarations of Health.*

Declarations of Health, which must be filled in and signed by the Master of every ship arriving from a foreign port are obtained :—

- (a) in respect of vessels from non-infected ports by the Customs Officer, who forwards them to the Port Medical Officer.
- (b) in respect of vessels from infected ports by the Port Medical Officer. Vessels are visited in dock by the Port Sanitary Inspector as soon as possible after docking.

2. *Telegraphic Address.*

To avoid delay in notifying inward vessels requiring special attention, the telegraphic address "Portelth" suggested by the Ministry of Health has been adopted by the Port Sanitary Authority.

3. *Mooring Stations.*

Under Article 10 of the Port Health Regulations 1933 the following mooring stations have been established, with the concurrence of the King's Harbour Master and the Commissioners of Customs and Excise ; these are subject to variation by the Commander-in-Chief, should the necessity arise.

(a) OUTER MOORING STATION.

An area about half a mile north-west of Mother of Bank Spit.

(b) INNER MOORING STATION.

The upper reaches of Portsmouth Harbour.

This agreement is subject to the following understandings :—

(1) That the mooring place referred to at (a) above is for ships with cholera, plague, yellow fever, typhus fever or smallpox on board, and that at (b) for all other unhealthy ships not within a standing exemption.

(2) That a standing exemption from detention under Article 14 has been granted by the Medical Officer of the Port Sanitary Authority in respect of any ship which :—

- (i) has called at a port or seaboard included in the weekly return of infected or suspected ports or seaboards, but reports "all well" during the voyage, or arrives with no sickness on board, unless a written notice to the contrary has been delivered to the Customs Officer by or on behalf of the Medical Officer of the Port Sanitary Authority.

- (ii) has on board a case of minor infectious disorder, namely, chicken-pox, measles, scarlet fever, diphtheria, enteric fever, erysipelas, malaria, dysentery, pneumonia, tuberculosis, mumps or cerebro-spinal fever.

(3) That when necessary the Port Sanitary Authority will convey the Custom Officers to the mooring place referred to as (a) above, free of expense to the Crown.

4. *Arrangements for dealing with cases of Infectious Diseases, etc.*

Cases of infectious diseases are removed to the City Infectious Diseases Hospital by means of the Municipal Ambulance and Medical Car Service, and cases of smallpox are removed to the smallpox hospital at Elson.

Contacts of Infectious Diseases Cases.

- (a) Living in the City. If not removed to hospital they are kept under observation by the Sanitary Inspector.
- (b) Proceeding to an address outside the City. The Medical Officer of Health of the place of destination is advised.

Accommodation is available at the docks for the medical examination of suspected cases if necessary.

Personnel and clothing are disinfected at the Infectious Diseases Hospital. Provision can be made for the temporary accommodation of persons who may have to be detained pending further examination.

Arrangements are made at the Venereal Diseases Clinic, Saint Mary's Hospital, for the diagnosis and treatment of venereal diseases among sailors.

TABLE C.

There were no cases of infectious diseases landed from vessels. Two cases of ordinary sickness, however, (one seaman with a broken femur and one suffering from pneumonia) were landed from vessels for hospital treatment.

TABLE D.

There were no cases of infectious diseases occurring upon the voyage but disposed of prior to the vessel's arrival.

V. MEASURES AGAINST RODENTS

Vessels arriving from abroad are examined periodically by the Port Sanitary Inspector. Rat disinfestation is carried out by the Rodent Control Section of the Health Department.

When necessary rat guards are placed on ropes between ships and the quays. The Port is not approved for the deratisation of ships.

RATS DESTROYED DURING THE YEAR

TABLE E

(in vessels)

NUMBER OF RATS	Total
Black	—
Brown	—
Species not recorded	—
Examined	—
Infected with plague	—

TABLE F.

RATS DESTROYED IN DOCKS, QUAYS, WHARVES, WAREHOUSES

NUMBER OF RATS	Total
Black	55
Brown	289
Species not recorded	—
Examined	—
Infected with plague	—

VI. HYGIENE OF CREWS' SPACES

TABLE J.

Nationality of Vessel	No. Inspected during year	Defects of original construction	Structural defects through wear and tear	Dirt, vermin and other conditions prejudicial to health
British	114	—	—	32
Other Nations	62	—	—	9

VII. FOOD INSPECTION

The importations of foodstuffs are small in amount, these being chiefly potatoes, vegetables, butter, margarine, bacon, flour, wheat, tomatoes and sugar. During the year no adverse reports were made by the Veterinary Officer and Food Inspector.

Shell-fish—There is no oyster-laying within the area of the Port Health Authority.

During the year no action was taken under the Public Health (Imported Food) Regulations 1937, the Public Health (Preservations, etc., in Food) Regulations 1925 to 1940, and the Public Health (Imported Milk) Regulations 1926, the Public Health (Shellfish) Regulations 1934, and the Food and Drugs Act 1938 (Section 39).

The number of livestock landed at the docks from the Isle of Wight was 1,171 (horses 64, cattle 317, calves 18, sheep 709 and pigs 63). During the inspection of livestock no clinical evidence of the existence of any contagious or notifiable diseases was found.

I desire to express my thanks to the King's Harbour Master and to H.M. Collector of Customs and staff for their cordial co-operation and valuable assistance during the year, and to record my appreciation of the excellent service willingly given me by the Port Sanitary Inspector.

I have the honour to be, Ladies and Gentlemen,

Your Obedient Servant,

T. E. ROBERTS,
*Medical Officer of Health,
 City and Port of Portsmouth.*

4th March, 1949.

THE PUBLIC ANALYST'S REPORT.

THE PUBLIC ANALYST'S DEPARTMENT,
TRAFALGAR PLACE,
CLIVE ROAD,
PORTSMOUTH.

To the Chairman and Members of the Health and Housing Committee.

LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the work carried out in my Department during the year 1948.

The total number of samples submitted for examination was 2,196. These may be summarised as follows :—

CHEMICAL ANALYSIS

Samples submitted under the Food and Drugs Act	..	1,431
Samples submitted by Corporation Departments	..	95
Miscellaneous samples from other sources	.. ..	79

BACTERIOLOGICAL EXAMINATIONS

Designated and Heat-treated Milks	.. ..	269
Ice Cream	.. ..	138
City Water	.. ..	11
Swim Bath Water	.. ..	20

ANALYSES FOR THE BOROUGH OF GOSPORT	..	153
		2,196

Of the samples which were submitted under the Food and Drugs Act, 113 (equal to 7.9 per cent) were found to be adulterated, incorrectly labelled or otherwise unsatisfactory.

In five of these cases successful legal proceedings were taken; the remainder were dealt with by caution.

I am glad to take this opportunity of expressing my appreciation of the efficient and loyal service of the technical and clerical staff and the valuable co-operation of the Sampling Officer.

I remain, Ladies and Gentlemen,

Your obedient servant,

A. L. WILLIAMS,

Public Analyst

Nature of Sample	Number Examined	Number Genuine	Number Irregular	Percentage Irregular
Foods				
Milk	695	640	55	7.9
Almond Substitute	1	—	1	100.0
Arrowroot	5	3	2	40.0
Bread	1	—	1	100.0
Baking Powder	7	7	—	—
Butter	48	48	—	—
Beef and Yeast Extract	1	1	—	—
Cordials	4	2	2	50.0
Cheese	47	47	—	—
Cocoa and Cocoa Preparations	6	6	—	—
Coffee	10	10	—	—
Coffee and Chicory Mixt. & Extracts	15	15	—	—
Condensed Milk	3	3	—	—
Curry Powder	3	3	—	—
Cooking Fats and Oil	51	50	1	2.0
Custard and Dessert Powders	5	5	—	—
Dates	4	4	—	—
Flour and Cake Flour	9	9	—	—
Fish Cakes, etc.	5	5	—	—
Gelatine	3	3	—	—
Golden Raising Powder	8	8	—	—
Ground Nuts and Nut Cream	2	2	—	—
Ginger Wine Essence	2	2	—	—
Herbs	2	2	—	—
Ice Cream	45	45	—	—
Jam	19	19	—	—
Lemonade and Barley Crystals	5	5	—	—
Margarine	48	48	—	—
Meat and Fish Pastes	8	8	—	—
Meat, Cooked	4	4	—	—
Mustard	4	4	—	—
Mincemeat	5	3	2	40.0
Pepper	8	8	—	—
Pastry	4	1	3	75.0
Paste of Dates	2	—	2	100.0
Prepared Cereals	4	3	1	25.0
Saccharin	2	2	—	—
Salad Dressing	4	3	1	25.0
Soup, Tinned	3	3	—	—
Sugar	48	48	—	—
Sweets	23	23	—	—
Sausages and Sausage Meat	30	15	15	50.0
Tea	49	49	—	—
Tomato Ketchup and Sauce	5	4	1	20.0
Table Jelly	1	1	—	—
Vinegar	34	26	8	23.5
Whale Meat	1	1	—	—
Wines and Spirits	11	10	1	9.0
Total Foods	1304	1208	96	7.3

Nature of Sample	Number Examined	Number Genuine	Number Irregular	Percentage Irregular
Drugs				
Aspirin Tablets	8	8	—	—
Ammoniated Tincture of Quinine ..	11	4	7	63.6
Ammoniated Quinine Tablets	2	2	—	—
Blackcurrant Syrup	2	2	—	—
Bronchial Preparation	1	1	—	—
Bicarbonate of Soda	6	6	—	—
Borax and Honey	2	2	—	—
Balsam of Aniseed	1	1	—	—
Boracic Ointment	2	2	—	—
Bronchial Tablets	1	1	—	—
Beechams Powders	1	1	—	—
Boracic Acid Powder	1	1	—	—
Back and Kidney Pills	1	1	—	—
Backache and Kidney Mixture	1	1	—	—
Cream of Magnesia	1	1	—	—
Cinnamon and Quinine.. .. .	4	4	—	—
Camphorated Oil	3	3	—	—
Calcium Lactate Tablets	1	1	—	—
Castor Oil.. .. .	1	1	—	—
Cod Liver Oil	2	2	—	—
Cinnamon & Quinine in Lemon Syrup	3	—	3	100.0
Digestive Mints	1	1	—	—
Epsom Salts	8	8	—	—
Formamint Tablets	4	4	—	—
Friars Balsam	5	5	—	—
Glauber's Salts	10	9	1	10.0
Glycerine, Lemon & Honey with Squills	1	1	—	—
Gripe Water	3	3	—	—
Health Salts	1	1	—	—
Iodine, Tincture of	5	1	4	80.0
Milk of Magnesia	1	1	—	—
Menthol and Wintergreen Ointment ..	3	3	—	—
Malt and Cod Liver Oil	5	3	2	40.0
Medicinal Paraffin	2	2	—	—
Nupines	1	1	—	—
Olive Oil	1	1	—	—
Peppermint Digestive Mints	1	1	—	—
Pineate Honey Cough Syrup	1	1	—	—
Quinine Bisulphate Tablets	1	1	—	—
Raspberry Vinegar	1	1	—	—
Sulphur Ointment	3	3	—	—
Sulphur Tablets	2	2	—	—
Surgaseptic Tablets	1	1	—	—
Tannic Acid Jelly	3	3	—	—
Throat Tablets	1	1	—	—
Wintergreen Ointment	2	2	—	—
Zinc Ointment	4	4	—	—
Zinc and Castor Oil Cream	1	1	—	—
Total Drugs	127	110	17	13.3
Total Foods	1304	1208	96	7.3
Total Food and Drugs	1431	1318	113	7.9

CHANGES IN LEGISLATION.

THE TRANSFER OF FUNCTIONS (FOOD AND DRUGS) ORDER, 1948.

In May, 1948, the Transfer of Functions (Food and Drugs) Order, transferred to the Ministry of Food some of the functions which have been exercised by the Ministry of Health.

The Ministry of Food is now the central department concerned with the composition, description and inspection of food, including the Preservative Regulations and the Consensed Milk and Dried Milk Regulations. Matters relating to food hygiene generally, Designated Milk, approval of appointment of Public Analysts are also transferred, and the quarterly reports made by Public Analysts are now transmitted to the Ministry of Food instead of to the Ministry of Health.

The Ministry of Health is still concerned with matters relating to drugs, and with the protection of the public from food poisoning and bacterial infection from such foods as milk, ice cream and shell fish.

The power to make regulations as to presumptive evidence of adulteration of milk is now the responsibility of the Ministers of Food and Health acting jointly with the Minister of Agriculture and Fisheries.

The duties of enforcement and execution placed upon local authorities by the Food and Drugs Act are not affected in any way.

THE MEAT PRODUCTS AND CANNED MEAT (CONTROL AND MAXIMUM PRICES) ORDER, 1948.

A new Meat Products Order came into force in July 1948; it amended the unsatisfactory wording of the First Schedule of the existing Order.

On a number of occasions your Committee have urged that the manner in which this Order prescribed the meat content of sausages was obscure, and was responsible for the sale of low quality sausages under the designation "savory sausage".

The First Schedule of the old Order could be read so that it *appeared* to permit the sale of uncooked sausages containing 30 per cent meat, provided that some other description, other than beef sausage or pork sausage was used. But, according to Art. 2 of the Order, only uncooked beef or pork sausage with 50 per cent of meat could be made or sold, so that the First Schedule *appeared* to contradict Article 2.

Actually, the Order prohibited the manufacture and sale of uncooked sausages containing less than 50 per cent meat but, to find this information required a more careful study of the Order than could be expected of a sausage manufacturer.

The new Order has re-worded the First Schedule and it is now perfectly clear that the 30 per cent standard refers to *cooked* sausages, such as polony, luncheon sausage, etc., and uncooked sausages must consist of beef or pork containing 50 per cent meat.

The interpretation which your Committee placed on this matter has, therefore, been fully confirmed, and there is no doubt that it is illegal to use the description "Savoury Sausage" for a meat product, particularly when the meat content is less than 50 per cent.

MILK

ADULTERATED MILK.

During the year 695 samples of milk from roundsmen, schools, institutions and farmers were examined for nutritive quality; 45 samples were reported to be unsatisfactory and 10 samples of Channel Island Milk were of inferior quality.

There was conclusive evidence that nine samples of milk contained a small quantity of extraneous water. These samples were taken from churns of milk on delivery from three farmers to local dairies, and in each case the excess water may have been present as a result of carelessness rather than fraud. In one case it was found that the farmer had to use milk churns for transporting cooling water on the farm, and this provided the temptation to leave a little water in the churn before filling with milk. The three farmers were cautioned and subsequent samples of milk from these sources proved to be satisfactory.

ADULTERATED MILKS.

No.	Formal Informal	Nature of Offence	Observations.
75	I	2½% extraneous water	Caution
361	I	6% deficient in Milk Fat	} Referred to Ministry of Agriculture
372	I	3% " "	
373	I	6% " "	
374	I	3% " "	
450	I	10% " "	
451	I	6% " "	
591	I	6% " "	
592	I	6% " "	
593	I	13% " "	
597	I	20% " "	
405	I	3% " "	} Referred to Ministry of Agriculture
406	I	3% " "	
407	I	10% " "	
408	I	3% " "	
587	I	3% " "	
589	I	16% " "	
968	I	6% " "	
413	I	10% " "	.. Referred to Ministry of Agriculture
444	I	23% " "	} Referred to Ministry of Agriculture
502	I	26% " "	
503	I	6% " "	
504	I	13% " "	
505	I	6% " "	
580	I	23% " "	
581	I	6% " "	
582	I	20% " "	
376	I	3% " "	.. Subsequent samples satisfac'y
494	I	3% " "	.. Caution
612	I	6% " "	.. Caution
963	I	13% " "	} Subsequent samples satisfac'y
964	I	3% " "	
1178	I	10% " "	

No.	Formal Informal	Nature of Offence	Observations
1014	I	13% deficient in Milk Fat	Subsequent samples satisfactory
1091	I	6% " " "	" "
1103	I	43% " " "	} Caution
1106	I	9% " " "	
1115	I	3% extraneous water	} Caution
1116	I	1½% " " "	
1127	I	1½% " " "	
1128	I	3% " " "	
1137	F	4% " " "	
1138	F	5% " " "	
1139	F	4% " " "	
1382	F	4½% " " "	Caution

It will be noted that the above table shows that a number of samples were deficient of the minimum limit of 3 per cent of milk fat. Legally if a milk contains less than 3 per cent of milk fat it is to be presumed that cream has been abstracted, unless the contrary is proved.

Proof of abstraction can only be obtained by comparison with appeal-to-cow samples. In most of these cases there was evidence that bad management of the herd was the most likely explanation.

The source of the samples was mainly farmers' morning milk and the associated samples from the evening milk were satisfactory.

Uneven milking hours and/or inefficient stripping would explain the deficiencies and the Ministry's Agricultural Advisory Service were asked to investigate.

A farmer should manage his herd so that each churn satisfies the minimum limits of fat, because under the Food and Drugs Act each churn is a consignment. This point is not so important to the consumer if the milk is consigned to a large dairy with plant capable of thoroughly mixing all the churns of a farmer's consignment.

The point is of importance, however, in the case of a small dairyman with low mixing facilities. He may frequently sell fat deficient milk to the public, and in two instances last year this was found to be the case. The low quality of two samples purchased from roundsmen was due to the uneven distribution of the cream in the various churns from the farms, coupled with inadequate mixing of the various churns by the dairymen.

CHANNEL ISLAND MILK. An Order of the Ministry of Food permits a higher price to be charged for milk from Channel Island breeds, provided that the milk contains not less than 4.0 per cent of milk fat. Fourteen samples were taken from roundsmen and every one was satisfactory.

The following figures show the fat content of this milk, as sold to the public, compared with that of ordinary milk.

				<i>Average Fat Per cent.</i>	
				Channel Island Milk	Ordinary Milk
1948	..	..	..	4.40	3.67
1947	..	..	..	4.30	3.74

In addition, 49 samples of Channel Island Milk were taken on delivery from farm to dairy, and 10 of these samples contained less than the required 4 per cent of fat.

An explanation for these fat-deficient samples was sought, and it was again indicated that a dairyman must exercise care in mixing the various churns of a consignment from a farm.

Of six churns of Channel Island Milk which were consigned from a farmer to a dairy, three churns contained milk which failed to reach the standard of 4 per cent fat. The mixed milk of the whole six churns, however, gave a satisfactory bulked milk with 4.3 per cent of fat. Similar results were obtained on subsequent samples, including appeal-to-cow samples, from the same source.

The Milk Marketing Board ruled that the onus of conforming with the Order rests with the retailer ; he must ensure that every pint bottle contains not less than 4 per cent of fat, and it would appear that he may fail if he is not equipped to thoroughly mix a consignment of 60 gallons or more before bottling.

ABNORMAL MILK OF LOW QUALITY. The analytical results for 1948 again show that a number of herds were producing low quality milk ; 111 samples out of the 695 which were examined (*i.e.*, 15.9 per cent) were genuine milk which failed to reach the minimum limits of the Sale of Milk Regulations because the herds were in an unsatisfactory condition.

83 samples were deficient in solids-not-fat (*i.e.*, milk sugar, protein and mineral salts), 17 samples were deficient of milk fat and 11 samples were deficient of both.

In all these cases there was evidence that the milk was sold as it came from the cow. But, since the effect is to lower the nutritive value of the milk sold to the public, every effort was made to encourage the farmers to improve the quality.

Assistance was given by the Agricultural Organiser of the Ministry of Agriculture, who visited the farms and advised the farmers on breeding and feeding.

Research has proved that inadequate feeding stuffs and errors in the use of the feed available are important factors in the production of abnormal milk. Another equally important factor is the fact that farmers have a guaranteed market for their milk, irrespective of quality, and consequently it pays a farmer to breed primarily for quantity.

In June, 1947, your Committee suggested to the Ministry of Agriculture that the wholesale price of milk from producer to dairyman should vary according to quality. The Ministry's reply referred to a statement given by the Minister in reply to a question on this subject in the House of Commons, *viz.* : "The question of paying producers differential prices for milk according to its butter-fat or total solids content would be examined when man-power and other circumstances were more favourable".

AVERAGE COMPOSITION OF MILK. The following table shows the average composition of the ordinary mixed milk which the dairies supply to the public. Channel Island Milk has been excluded.

AVERAGE COMPOSITION OF MILK.

Month	Fat	Solids-not-Fat	Total Solids	No. of Samples Examined
January	3.72	8.67	12.39	17
February	3.69	8.62	12.31	22
March	3.55	8.65	12.20	24
April	3.41	8.75	12.16	20
May	3.50	8.77	12.27	20
June	3.48	8.90	12.38	25
July	3.66	8.87	12.53	23
August	3.81	8.72	12.53	24
September	3.68	8.85	12.53	22
October	3.86	8.96	12.82	21
November	3.90	8.81	12.71	24
December	3.78	8.77	12.55	18
Average 1948 ..	3.67	8.78	12.45	260
„ 1947 ..	3.74	8.60	12.35	327
„ 1946 ..	3.88	8.78	12.66	314

DESIGNATED AND HEAT-TREATED MILK. In order to eradicate tuberculosis of bovine origin, Government policy aims to provide only two types of milk, viz., milk which has been made safe by heat-treatment, and milk which comes from veterinary inspected herds. Eventually no other milk will be permitted.

Practically the whole of the milk on sale in Portsmouth comes within these two classes.

During the year 226 samples of pasteurised, heat-treated and sterilised milk were examined by the phosphatase test, in order to prove that the milk had been heated to the temperature necessary to destroy all pathogenic organisms and to prove that no raw milk had been subsequently mixed with the heated milk.

On seven occasions unsatisfactory results were obtained. All were due to the use of "flash" heating plant, which is notoriously difficult to control efficiently. The two dairymen concerned have now installed the "holder" type of plant, and it is anticipated that more satisfactory results will be obtained in the future.

120 samples of milk were examined by the methylene blue test, which measures the keeping quality. Milk which satisfies the test will keep in a sweet condition for at least 24 hours if stored in a reasonably cool place. Failure indicates stale milk.

Nine samples of pasteurised and five samples of tuberculin-tested milk failed the methylene blue test.

A contributing cause of these failures, over which the local dairies have no control, is the large proportion of milk which travels long distances from the West Country to Portsmouth in tankers. Although care is taken to keep the milk in a chilled condition throughout its long journey, the keeping quality on arrival cannot be expected to be first-class.

Milk which is sold to the public in its raw state, *i.e.*, tuberculin tested and accredited, is examined by the coliform test, which indicates contamination from dirt and dung as a result of faulty and unclean milking conditions. Fifteen samples out of 43 which were examined failed to pass the prescribed coliform test. All this milk is now being pasteurised.

The following table gives the results obtained on the 269 samples of designated and heat-treated milks which were examined during the year.

Class of Milk	No. Exmd.	Failed Methylene Blue Test	Failed Phosphatase Test	Failed Coliform Test	Number Satisfactory	% Satisfactory
Pasteurised ..	121	13	—	—	108	89.2%
School Milk (pasteurised) ..	82	9	—	—	73	89.0%
Heat-treated ..	78	2	7	—	69	88.4%
Sterilised	12	—	—	—	12	100.0%
Tuberculin Tested.. (pasteurised)	15	—	—	—	15	100.0%
Tuberculin Tested..	16	5	—	10	6	37.5%
Tuberculin Tested.. (certified)	13	1	—	3	10	76.9%
Accredited	14	—	—	2	12	85.7%
Total 1948 ..	269	21	7	15	232	86.2%
„ 1947 ..	316	11	15	10	285	90.2%
„ 1946 ..	322	20	9	4	292	90.6%

All cases of failure have been followed up by your Sampling Officer, and he has received the willing co-operation of the dairymen in finding and eliminating the cause.

Under the Milk (Special Designations) Order 1936-46 the Local Authority is responsible for issuing a licence for the sale of all these milks except heat-treated and sterilised.

These two classes are subject to licence by the Ministry of Food and failures are reported to the Area Milk Officer of the Ministry.

ICE CREAM.

NUTRITIVE QUALITY. During 1948 the food value of ice cream again varied according to the allocations and stocks of fat, milk powder, sugar and cornflour which were available to the manufacturers. Under these conditions no statutory standard of quality could be laid down, and consequently widely differing qualities have been again offered to the consumer under the description "ice cream".

The results obtained in 1948 showed that eight manufacturers, selling in Portsmouth, were producing a fairly satisfactory product (taking into account present day difficulties) containing over 6 per cent of fat.

FAT CONTENT OF ICE CREAM

Fat per cent	1948		1947	
	Number of Manufacturers		Number of Manufacturers	
Less than 2	3 (12%)		6 (40%)	
2 to 4	13 (50%)		3 (20%)	
4 to 6	2 (8%)		—	
6 to 8	4 (15%)		2 (13%)	
Over 8	4 (15%)		4 (27%)	
	—		—	
	26		15	
	—		—	

HYGIENIC QUALITY. It is gratifying to note that the result of the examination of the 138 samples of ice cream for hygienic quality shows a considerable improvement on the previous year.

There are no official bacteriological standards for ice cream, but a circular of the Ministry of Health has suggested that bacteriological tests may usefully be employed as an indication of possible faulty methods.

The contamination of ice cream is assessed by a methylene blue test which measures the chemical activity of the organisms present, and the quality is expressed in grades 1 to 4.

	1948		1947	
	138 samples		83 samples	
Satisfactory (Grade 1) ..	33%	} 64%	8%	} 30%
„ (Grade 2) ..	31%		22%	
Inferior (Grade 3) ..	14%		25%	
Unsatisfactory (Grade 4) ..	22%		45%	

Of the 49 samples which were classified as inferior and unsatisfactory, 14 samples contained faecal *B. coli*, an undesirable organism which indicates that the source of some of the contamination was the human or animal intestine.

Unsatisfactory results from manufacturers were usually traced to inefficient cleansing of plant and/or excessive handling. Experience has shown that the above grading scheme is very fair to those manufacturers who adopt careful methods, and the scheme has encouraged both the manufacturers to produce, and the retailers to maintain, a product of good hygienic quality.

A breeding ground for organisms is provided if stale ice cream is left in the crevices of a plant, and the secret of hygienic quality is "elbow grease". In order to consistently produce Grade 1 quality the plant requires the vigorous use of a brush with plenty of elbow grease in addition to steam, detergents and antiseptics.

It has been possible to show that some retailers have received a satisfactory ice cream and have subsequently added contamination by excessive handling, or by using contaminated serving equipment when supplying to the consumer.

The product of one manufacturer was found to be Grade 4, when samples were taken on each of four successive weeks, and the manufacturer claimed that he had taken all possible precautions to eliminate contamination after the first unsatisfactory result. When, however, the Sampling Officer supervised the cleansing and sterilisation of the plant and the subsequent preparation of a batch of ice cream, the product was found to be Grade 1.

This work has proved to be of great value, because it has impressed upon the minds of the personnel of the ice cream industry that minimum handling and the use of thoroughly clean and sterilised equipment are essential.

SAMPLES OTHER THAN MILK NOT IN ACCORDANCE WITH STANDARD

No.	Nature of Sample	Formal Informal Private	Nature of Offence	Observations
M3	Ginger Cordial ..	P	Contaminated with Flies	Caution
41	Beef Sausages ..	F	Deficient of 34% meat ..	Fined £3 with £2 2s. costs
42	.. ..	F	Deficient of 23% meat ..	Fined £3 3s. with £3 3s. costs
157	Paste of Dates ..	I	Contained 1.6% extraneous sand	Caution. Stock withdrawn
120	Beef Sausages ..	I	30% total meat	Probably contained part whale meat. Referred to Ministry of Food (Enforcement)
121	Sausage Meat ..	I	24%	
170	.. ..	F	33%	
242	Beef Sausage Meat ..	I	36%	
385	.. ..	I	38%	
359	Sausage Meat (Beef and Lamb) ..	I	36%	
382	Whale & Beef Sausage Meat ..	F	36%	
383	Whale & Beef Sausages ..	F	37%	
481	Sago	I	Had musty odour ..	Stock surrendered
195	Sausage Meat ..	I	Deficient of 36% meat	Fined £10 with £4 4s. costs
256	.. ..	F	Deficient of 62% meat	
521	Malt Vinegar ..	I	100% vinegar other than malt	Caution
524	.. ..	I	Deficient of 19% of min. amount of acetic acid	Caution
624	Savoury Saus. Meat	F	28% total meat. Illegal designation	Caution
685	Malt Vinegar ..	I	Deficient of 12% of min. amount of acetic acid	Caution
678	Malt vinegar ..	I	100% vinegar other than malt	Dismissed under P.O.A. on payment of £5 5s. costs
710	.. ..	F	.. ..
735	.. ..	I	.. ..
707	Cooking Oil ..	I	100% mineral oil. Misleading designation	Caution
734	Bread	I	Contaminated with particles of tobacco	Caution to manufacturer
875	Malt vinegar ..	I	Deficient of 9% of min. amount of acetic acid	Caution
949	Savoury "Dorset Maid" ..	I	Manufacture and sale contravenes Meat Products Order 1948	Manufacture discontinued
952	Powdered Salad Dressing ..	I	Label Offence	Referred to Ministry of Food
1035	Beef Sausages ..	I	Deficient of 11% meat ..	Caution
1082	Gin	F	Contained 2% excess water	Caution
1131	Non-brewed Vinegar	I	Deficient of 6% of min. amount of acetic acid ..	Caution

No.	Nature of Sample	Formal Informal Private	Nature of Offence	Observations
1198	Paste of Dates ..	I	Contained 1.6% extraneous mineral matter (clay)	Caution. Stock withdrawn
1064	Arrowroot	I	100% starch other than arrowroot	} Referred to Ministry of Food
1218	"	F	" " "	
1252	Pastry	I	Deficient of 48% fat	} Referred to Ministry of Food (Enforcement)
1323	"	F	Deficient of 66% fat	
1324	"	F	Deficient of 36% fat	
1200	Tomato Ketchup ..	I	Label Offence. Stated to be 7 fl. oz. Contained 6 fl. oz in 6 fl. oz. bottle	Referred to Weights and Measures Department
1358	Mincemeat	I	Deficient of 46% of soluble solids	Caution
1385	"	I	Deficient of 3% of soluble solids	Caution
1412	Fruit Syrup (Raspberry)	I	Consisted of artificially flavoured cordial. False label.	Referred to Ministry of Food (Labelling Div.)
1417	Ground Almond Substitute ..	I	Sold without label ..	Caution
143	Glauber's Salts B.P.	I	Contaminated with 0.1% of iron in form of iron oxide	Caution
194	Extract of Malt with Cod Liver Oil ..	I	Deficient of 13% of minimum amount of protein	} Manufacturers explanation accepted
261	" " "	F	" " "	
349	Ammon. Tincture of Quinine B.P. ..	I	Deficient 11% of minimum Ammonia ..	Caution
350	" " ..	I	Deficient 22% of minimum Ammonia ..	Caution
353	" " ..	I	Deficient 17% of minimum Ammonia ..	Caution
1303	Cinnamon & Quinine in Lemon Syrup ..	I	Deficient of 50% of stated amount of Quin. Hydrochloride	} Dismissed under P.O.A. on payment of £6 1s. 6d. costs
1401	" " " ..	I	" " "	
1414	" " " ..	F	" " "	
1186	Ammon. Tincture of Quinine	I	Deficient 24% of minimum Ammonia ..	Caution
1253	" " " .. B.P. 1932	I	Deficient 77% of minimum amount of Ammonia. Contained 16% excess of maximum amount of Quinine Sulphate	Manufacturer cautioned
1185	Ammon. Tincture of Quinine B.P. ..	I	Label Offence ..	Caution
1188	" " " ..	I	Label Offence	Caution
1402	Tincture of Iodine B.P.	I	Prep. from old formula .. Label Offence	Caution
1403	" " " ..	I	" " " ..	Caution
1404	" " " ..	I	" " " ..	Caution
1405	" " " ..	I	" " " ..	Caution

ADULTERATED AND UNSATISFACTORY SAMPLES.

SAUSAGES AND SAUSAGE MEAT. The manufacture and sale of meat products are controlled by an Order of the Ministry of Food, and only two types of uncooked sausages or sausage meat may be sold, viz., beef and pork.

They must be sold at a controlled price and they must contain 50 per cent of meat.

Proceedings were taken against two vendors of beef sausages which were found to contain only 33 per cent and 38½ per cent of meat, and each was fined.

Successful proceedings were also taken against a butcher who supplied a preparation containing only 19 per cent of meat when "sausage meat" was demanded. Whilst there is a definition of beef and pork sausage meat (which the Portsmouth courts have accepted as the standard), there is no legal definition of "sausage meat", and it was necessary to establish to the satisfaction of the court that this sample was not of the nature, substance or quality demanded.

The vendor, in the witness box, admitted that, in his opinion, sausage meat should contain 50 per cent of meat. He claimed that his formula provided for a product with 50 per cent meat, and he suggested that the deficiency in the sample was due to inadequate mixing. He was fined £10.

WHALE MEAT SAUSAGE. At one period of the year some samples of sausages and sausage meat appeared to consist of mixtures of ordinary meat and whale meat. The window displays were not labelled, and when informal test samples were purchased the composition was verbally described as "meat", "beef", "beef and lamb" by various assistants. In one case a handwritten card marked "Sausages Meat" was placed on the dish of a window display so that it obscured a printed card marked "Tasty Savouries (Whale Meat)". The presence of whale meat was only admitted when formal samples were taken with the formalities of the Food and Drugs Act.

When properly described there is no objection to the manufacture and sale of whale meat sausage, but there should be no suggestion, deliberate or by implication, that the product is made from other meat.

According to the definition of "meat" in the Meat Products Order, whale meat is not meat; there is no minimum standard for the proportion of whale meat in whale meat sausage and no price control. But, as soon as ordinary meat is mixed with whale meat, the mixture becomes a meat product controlled by the Order, and the standards of composition and price which are laid down must be observed.

It would appear that in general consumers do not readily buy whale meat sausage when it is distinctly marked as such.

Mixtures with ordinary meat are only permissible when the whale meat is present *in addition* to 50 per cent of beef or pork. The mixture would have to be sold at the controlled price for beef or pork sausage, so that the manufacture of such a sausage would be a very uneconomical proposition.

The presence of whale meat in mixtures with ordinary meat presents analytical difficulties, and the protection of the public in this matter requires the collaboration of the Analyst and the Ministry of Food.

These samples failed to satisfy the requirements of the Meat Products Order, which is enforced by the Ministry of Food ; the results were therefore reported to the Ministry and the sale of these whale meat mixtures soon ceased.

SAVOURY SAUSAGE. Although this designation should not be used for a meat product, the offence would be merely technical if 50 per cent of meat were present. One sample sold as savoury sausage meat contained only 28 per cent of cooked meat, and the vendor was informed that he must make it into rissoles and sell it as such. There is no standard for the meat content of rissoles.

Objection was taken to the sale of a meat product in the form of sausages which were banded with a label marked "Savoury" and giving the ingredients as edible offal, rusk and seasoning. The composition and the designation contravened the Meat Products Order and the Ministry of Food secured an undertaking from the manufacturer to cease making this product.

VINEGAR. Three samples of malt vinegar proved to be deficient of acetic acid and the vendors were cautioned. In another case, although malt vinegar was asked for, non-brewed vinegar was supplied. The sale was made from a barrel, and the offence may have been due to carelessness rather than fraud. The retailer was cautioned.

The analysis of a sample of non-brewed vinegar indicated the presence of 6 per cent of excess water, and it was then found that the retailer had prepared the vinegar by diluting a concentrate with water in a barrel which he believed to have 4-gallon capacity, but which later proved to be 4½-gallons capacity. If he had followed the directions of the manufacturer of this concentrate more carefully he would have produced a non-brewed vinegar of a strength well above the accepted limit.

Six samples of pre-packed malt vinegar of the same brand were purchased from various retailers, and analysis indicated that, whilst three were genuine malt vinegar, the other three samples consisted of a somewhat inferior type known as spirit vinegar. This vinegar has neither the flavour nor the value of malt vinegar and is normally used in the manufacture of pickles and sauces.

The samples were sold in sealed bottles, which were labelled "Pure Malt Vinegar", and it was obvious that the retailers could not be held to be responsible.

Proceedings were taken against the packer, but his supplier, a London importer, appeared in court and accepted responsibility. The magistrates found the case proved, but accepted the explanation that the vinegar had been imported from Belgium under the impression that it was malt vinegar, and that there had been no *deliberate* intention to mislead the public. The magistrates dismissed the case under the Probation of Offenders Act on payment of five guineas costs.

PASTE OF DATES. In February, 1948, a sample of imported French Confectionery sold as "Paste of Dates" was found to be contaminated with 1.6 per cent of sand in the form of sharp and comparatively large gritty particles. The retailer and the wholesaler readily agreed to withdraw stocks from the City, and the Ministry of Food stated that the importer had undertaken to submit future consignments to a competent Analyst for a certificate of approval.

In December another sample of the same product, from a different retailer and different wholesaler, was found to be contaminated with 1.6 per cent of china clay. This stock was also withdrawn from sale and the importer was informed that in the opinion of your Committee the sale of an article of this composition could be challenged under Section 3 of the Food and Drugs Act.

ARROWROOT. Microscopical examination of a sample of arrowroot, purchased from a grocer, showed that it consisted of cornflour. In appearance and texture the sample closely resembled arrowroot. It appeared to be a deliberate fake, and without a microscope I think that few experts would have suspected the substitution of cornflour. The appearance and texture were imitated in the laboratory by damping cornflour with water and drying quickly.

Investigation showed that the original supplier was the Ministry of Food, and a specimen of the sample was sent to the Director of the Ministry's Starch Division, who stated that he was anxious to find the explanation.

PASTRY. Two retailers were found to be selling uncooked pastry containing only $8\frac{1}{2}$ per cent to 16 per cent of fat, instead of 25 per cent fat. The enforcement of the standard rests with the Ministry of Food, and the results were reported to the Ministry.

MINCEMEAT. There is a standard of not less than 65 per cent of soluble solids (mainly sugars) in mincemeat, and one sample contained a little more than half this amount. When an explanation was sought it was found that the sample was one of seven 1lb. jars which the retailer had himself filled from a 7lb. tin. All the stock of jars and tins had been sold and it was not possible to show whether the fault was due to low quality in the 7lb. tin or to inefficient mixing by the retailer.

Another sample of pre-packed mincemeat was slightly deficient of soluble solids and the manufacturer undertook to take greater care in the packing process.

COOKING OIL. Sample No. 707, purchased as cooking oil, consisted of pure liquid paraffin. The vendor of the sample stated that he acted in ignorance, expressed his regret, and withdrew his stock from sale.

Objection to the sale of this mineral oil, especially with a recommendation that it was suitable for use in cooking, was made in my report for 1947, and since that time medical experts have shown that the practice may lead to serious injury to health.

A recent Order of the Ministry of Food now prohibits the use of mineral oil in the composition or preparation of any article of food.

GIN. All spirits should conform to the minimum legal standard of 35 degrees under proof. One sample of gin was found to be 36.3 degrees under proof, equivalent to the presence of 2 per cent excess water in gin of the minimum legal strength. There was evidence that the original strength of the gin had been 30 degrees under proof and that 9 per cent of water had actually been added to produce the strength found in the sample. The vendor was cautioned.

FOOD LABELLING OFFENCES.

POWDERED SALAD DRESSING, No. 952. This sample carried a label which falsely claimed that it was "rich and creamy" and inferred that some fat was present by claiming "no oil or butter required". The sample consisted of gum, salt, pepper and flavouring, so that these claims could not be substantiated. By agreement with the Labelling Department of the Ministry of Food the manufacturers have undertaken to describe the product as "Salad Cream Base" and to omit the above offending claims.

TOMATO KETCHUP, No. 1200. This sample consisted of six fluid ounces contained in a six-ounce bottle, but the label claimed that the contents were seven fluid ounces. This finding was reported to the Weights and Measures Department, and successful proceedings were taken against the packer for contravention of the Labelling of Food Order.

GROUND ALMOND SUBSTITUTE, No. 1417. Although the product had been invoiced as "Bakers' Filling—Almond Flavour" the vendor of this sample displayed and sold it as Ground Almond Substitute.

Food substitutes must be sold in a pre-packed form; this sample was sold loose and the requirements of the Food Substitutes Order had not been observed. The vendor was cautioned by the Ministry of Food.

FRUIT SYRUP (RASPBERRY) No. 1412. The label of this sample was an attractive work of art, showing pictures of numerous fruits in colour.

The label offended in two respects: The sample contained no fruit juice and therefore should have been described as "Raspberry Flavour"; the sugar content was only 8 per cent and it should have been described as "Cordial". The sample contained the maximum amount of saccharin allowed by the Soft Drinks Order.

The analysis of this sample, and others, raised the question of what proportion of sugar does a consumer expect to get when he buys an article which is described as a "syrup" with fruit juice or fruit flavouring.

Other samples have been examined, which show that Portsmouth consumers are offered:—

Fruit Syrup (Pineapple Flavour) ..	15%	Sugar with much Saccharin.
Pineapple Syrup	38%	Sugar with a little Saccharin.
Black Currant Syrup	55%	Sugar (no Saccharin).

One was recommended as a drink, another for culinary purposes, and another as a vitamin concentrate, but the labels did not disclose that one derived its sweetness from sugar only, another mainly from sugar and a little saccharin and another mainly from saccharin and a little sugar.

These examples suggest that the description "syrup" is being abused, and that a definition is required which will give the purchaser an indication of the quality of the article he is buying, permit fair competition within the trade, and prevent manufacturers from establishing as trade practice that a low sugar cordial or squash containing saccharin may be described as a "fruit syrup".

The resolution of your Committee expressing the opinion that in products of this type the description "syrup" should be reserved for preparations containing at least 50 per cent of sugar, and that the description cordial or squash should be used for those containing less sugar, has been placed before the Ministry of Food.

The Ministry have stated that they propose to initiate discussions with the trade with a view to dealing with the matter by an amendment to the Soft Drinks Order.

DRUGS.

AMMONIATED TINCTURE OF QUININE. Nearly half the samples of this preparation, five out of eleven, were found to be deficient of Ammonia.

In four cases, all pre-packed, this was due to bad packing; a bottle with a screw cap was used, and this form of stopper has been proved to be incapable of retaining such a volatile substance as Ammonia.

One of the packers stated that, owing to complaints, a plastic cover was now being used over the screw caps. Whilst this cover would ensure that the tincture would be satisfactory at the time of sale, the preparation would deteriorate after the plastic cover had been removed by the consumer.

In my opinion, a packing which fails to provide the consumer with the means to keep the article in good condition after purchase is bad pharmaceutical practice.

CINNAMON AND QUININE IN LEMON SYRUP. Successful proceedings were taken against the manufacturer of this preparation, a sample of which was found to contain only half the quinine which was stated to be present on the label.

At the time it was known that the manufacturer had been fined in Gosport for the same offence twelve months ago, and in this case he failed to satisfy the court that he had taken reasonable steps to withdraw stocks of this unsatisfactory consignment from the retailer concerned.

DRUG LABEL OFFENCES.

1948 was a busy year for the Pharmacist, for he had to deal with the new National Health Service and also with a new issue of the British Pharmacopoeia.

The courts normally accept the standards of the British Pharmacopoeia as legal standards, and in Pharmacy considerable importance is attached to the addition of the letters B.P. after the name of a medicinal preparation.

In December objection was taken to the use of the designation B.P. on samples of Ammoniated Tincture of Quinine and Tincture of Iodine, because Ammoniated Tincture of Quinine ceased to be an official B.P. preparation on September 1st, 1948, and because the samples of Tincture of Iodine were prepared from the formula of the 1932 B.P. instead of the revised formula of the 1948 B.P.

The point is a technical one, but it is obviously undesirable for a Pharmacist to hold stocks of pre-packed bottles of Tincture of Iodine prepared from two different formulae, and all labelled B.P.

The 1948 B.P. has introduced changes in other preparations which are well-known to the public, for example, Calamine and Calamine lotion are now B.P. preparations, and Easton's Syrup and Borax Honey have ceased to be B.P. preparations.

Eventually it is to be expected that most of the preparations which have been deleted from the B.P. will be incorporated in the next issue of the British Pharmaceutical Codex, and in the meantime Pharmacists have been advised to mark stocks of deleted preparations "B.P. 1932".

WATER SUPPLY.

During the year the water supply was examined each month for bacteriological purity, and the high standard of previous years has been consistently maintained.

The chlorination of the water has been carefully controlled, and on all occasions the residual chlorine, in the form of chloramine, showed little deviation from the satisfactory figure of 0.1 parts per million.

Chemical examinations also indicated a high degree of organic purity. The hardness was found to be the usual figure of 22 parts of Calcium Carbonate per 100,000 parts of water.

SWIM BATH WATERS.

HILSEA LIDO. During the year seven samples of water from the Hilsea Lido were examined bacteriologically, and, without exception, were found to be of excellent quality.

Under ideal conditions, whether sea water or fresh water, the bacterial condition of the water in a swimming bath should equal that of drinking water, and the samples from Hilsea Lido satisfied this bacteriological standard.

PARK ROAD SWIM BATH. Most of the thirteen samples from this bath failed to satisfy a reasonable bacteriological standard.

This was due to the fact that the method of chlorination was only partially effective, and it was quite impossible to ensure that chlorine was always available to deal with contamination.

The continuous purification plant which has now been provided for this bath should, in the future, maintain the same excellent water as that provided at Hilsea Lido.

MISCELLANEOUS SAMPLES.

The 174 samples of a miscellaneous character were submitted by various Corporation departments, private persons and industrial concerns. Fees were charged for 69 of these samples, and a sum of £52 17s. 6d. has been received by the City Treasurer.

MISCELLANEOUS SAMPLES.

Private	City Engineer's Department	Parks Department
Aluminium Kettle .. 1		Water 1
Ice Cream 5	Mineral Acids .. 3	
Goat's Milk .. 1	Alkali 1	
Milk 2	Sewage 1	
Water 10	Effluent 5	Southern Electricity Board
Saliva 1	Boiler Deposit .. 2	Water 1
Leaves 2	Boiler Waters .. 6	Kettle 1
Glyceryl Stearate .. 2	Subsoil 2	
Soap Substitute .. 1		
Chocolate Malt Spread 1	Education Department	
Bread 1		Ministry of Food
Toast 1	Floor Sweeping	Animal Feeding Stuff 1
Sausages 6	Compounds .. 9	Cake 1
Wine 1	Floor Oils .. 8	
Well Water .. 1	Skim Milk Powder .. 1	
Medicine 1	Chewing Gum .. 1	
Poison 1	Sago Pudding .. 1	
Malted Milk Compound 1		Weights and Measures Dept.
Soaps 2	Fire Prevention Department	Celluloid Film .. 1
Bleach 1		
Tomato Sauce .. 29	White Powders .. 2	
Cake 1	Black Pitch .. 1	
Milk Bottle .. 1		Health Dept.
Hydrated Lime .. 1		Tomato Ketchup .. 2
Doughnut 1		Ginger Wine .. 1
	City Police Department	Rabbit Pie 1
Laboratory Information		Mineral Oil .. 1
Cyanide Dist. .. 1	Liquid (poison) .. 1	Cream Buns .. 4
Vinegar 3	Port 1	Rag Flock .. 2
Dates 4	Whisky 1	Water 6
Sausage Meat .. 5	Medicine 1	Vinegar Essence .. 2
Sausages 1	Edible Oil 2	Acetic Acid .. 1
Mincemeat 4	Petrol 3	Ammon. Tincture of Quinine .. 2
C.Is. Milk 1		

